# thequarter.

Quarter 1 2012/13

An update from David Flory, Deputy NHS Chief Executive

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# Introduction

*The quarter* provides the definitive account of how the NHS is performing at national level against the requirements and indicators set out in the NHS Operating Framework 2012/13[1]. This edition of *the quarter* covers the period from April to June 2012, quarter one (Q1), the first quarter of the 2012/13 performance year.

As Sir David Nicholson set out in *the year* 2011/12, 2012/13 represents a crucial year for the NHS as we complete the planned handover of health services to new organisations from April 2013. The passage of the Health and Social Act 2012 set out the legal framework that underpins these changes and the next few months will see the new organisations preparing to take responsibility for delivery in the future.

These changes represent an important opportunity to build new ways of working that will bridge traditional organisational boundaries. The planning work which took place throughout 2011/12 puts us in a strong position to capitalise on this opportunity and my primary focus is to ensure the handover of a strong aggregate performance for the NHS, with a healthy financial position, to give new organisations the best possible foundations to succeed in the future.

## Service performance maintained

The NHS Operating Framework 2012/13 sets out a challenging performance agenda, balancing the key performance standards with more outcome-focused measures to prepare for the future system. Work is ongoing through the published NHS, Public Health and Social Care Outcomes frameworks to better align the definition of success across each of these key delivery organisations. The draft mandate sets out a framework for future accountability. Future editions of *the quarter* will look to reflect this progress and it is encouraging to see where data currently exists, the NHS is beginning to show progress against these broader measures, for example in mental health.

Q1 has seen the strong picture reported from quarter four (Q4) 2011/12 maintained, with performance indicators showing the NHS continuing to maintain or improve on all key measures.

- MRSA bacteraemia were 30 percent lower than during the same quarter last year and C. difficile infections were 27 percent lower

1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131360


Gateway reference number 18244

- access to services continued to be maintained, with the NHS delivering above the NHS constitutional commitment to treatment within 18 weeks of referral for 90 percent of admitted patients and 95 percent of non-admitted services. In addition, the new standard for 92 percent of patients on an incomplete pathway to be waiting less than 18 weeks was exceeded, with performance at 94.1 percent at the end of June 2012
- the number of breaches of mixed sex accommodation continued to decrease to a breach rate of 0.2 per 1,000 episodes – the lowest level ever
- key cancer standards continue to be achieved across all eight performance measures
- key emergency treatment standards for A&E access and ambulance response times were also maintained.

These achievements are hard won and should be recognised because they have been delivered in a climate where we know individuals and organisations are in a state of transition. It is essential that staff at all levels of the system continue to focus on performance delivery as this will lay a firm foundation to deliver a secure transition in the short term and a successful foundation trust (FT) pipeline in the future.

## A secure financial position

The NHS delivered a solid aggregate financial position at the end of 2011/12. Q1 figures indicate this surplus will be maintained at the end of 2012/13, with a forecast surplus of £1,153 million. This places the NHS in a strong position for future delivery.

The maintenance of this strong financial position is dependent on the continued delivery of quality, innovation, productivity and prevention (QIPP) savings, as programmes continue to refine the way services are provided. While 2011/12 performance on QIPP was encouraging, focus needs to continue through transition and into future years.

QIPP plans have been developed and are owned by local NHS organisations to make sure savings plans are anchored in local clinical reality. The continued successful delivery of the QIPP challenge is dependent on the successful delivery of the transformational changes the NHS has planned, and it is encouraging to see NHS organisations are continuing to report that these programmes are on track, with 25 percent of 2012/13 savings delivered.

## A managed transition

Progress against the reform programme continues at pace. Appointments to the NHS Commissioning Board (NHS CB) are continuing and the senior structures are in place in readiness for transition over 2012/13. The configuration of clinical commissioning groups (CCGs) has been confirmed, with the NHS CB responsible for supporting the development of CCGs as they move through the authorisation process. Delegation of commissioning budgets from PCTs to emerging CCGs has been very successful with at least 99 percent of those budgets requested by emerging CCGs delegated to them as sub committees of PCT boards, an excellent indicator of the positive transition towards CCG governance and leadership. Plans were also announced in July that the NHS CB will host and fund a small number of strategic clinical networks, building on the success of network activity in the NHS, which will lead to significant improvements in the delivery of patient care.

The NHS Trust Development Authority (NHS TDA) was established on 1 June 2012, creating for the very first time an organisation that will provide leadership for quality, support for strong management and a governance structure tailored specifically to help develop NHS trusts on their journey to FT status.

102 NHS trusts currently remain in the FT pipeline and progress against each NHS trust's plans for achieving FT status, as set out in their individual tripartite formal agreements (TFAs), is being monitored closely. To reflect the fundamental relationship between the TFA process and performance delivery, we have integrated TFA monitoring and the NHS Performance Framework. Annex 5 shows the results for the latest quarter including the new TFA data. This is to make sure NHS trusts are clear on the equal priority for delivery against plans to become FTs and the continuing delivery of performance requirements as set out in the NHS Operating Framework. Achievement of FT status will only be delivered through sustained performance delivery. Equally, delivery against ongoing performance requirements will only be achieved through the governance and organisational developments required to achieve FT status being put in place.

Meanwhile Public Health England has made some notable progress, with Duncan Selbie now in post as Chief Executive. Work is under way across NHS and local authority structures to make sure that new working relationships are built and, through directors of public health locally, strong and accountable health and wellbeing boards are in place to discharge their responsibilities. Primary care trust (PCT) clusters are already delegating powers relating to public health to local authorities to promote shadow-working during this transition year, and good progress is being made in the key areas of HR and workforce.

## Conclusion

The continued achievements highlighted in this report are a testament to the hard work of individual NHS staff throughout the system and I want to thank them for their continued hard work. However, we cannot be complacent and as the year progresses, we must continue to focus on maintaining and improving performance, to make sure the NHS is in the best possible position to manage a smooth transition to the new health system from April 2013.

Quality

# HCAI[2]

## Performance status: improved

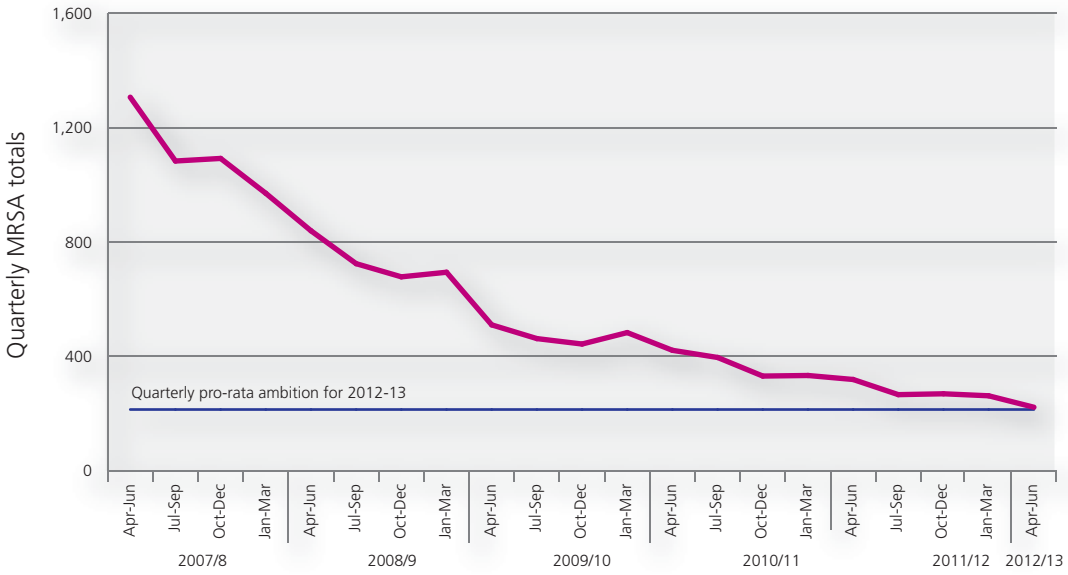
MRSA infections were 30 percent lower and C. difficile infections were 27 percent lower than the same quarter last year.

For 2012/13, the NHS Operating Framework continues to prioritise the achievement of the MRSA and C. difficile objectives. This requires NHS commissioners and providers to identify and agree plans for reducing infections in line with national objectives; an annual decrease of 29 percent for MRSA and 18 percent for C. difficile.

## MRSA

In Q1, a total of 223 MRSA bloodstream infections were reported, a 30 percent reduction on the same quarter last year.

**Figure 1: MRSA bacteraemia: quarterly totals between April 2007 and June 2012**



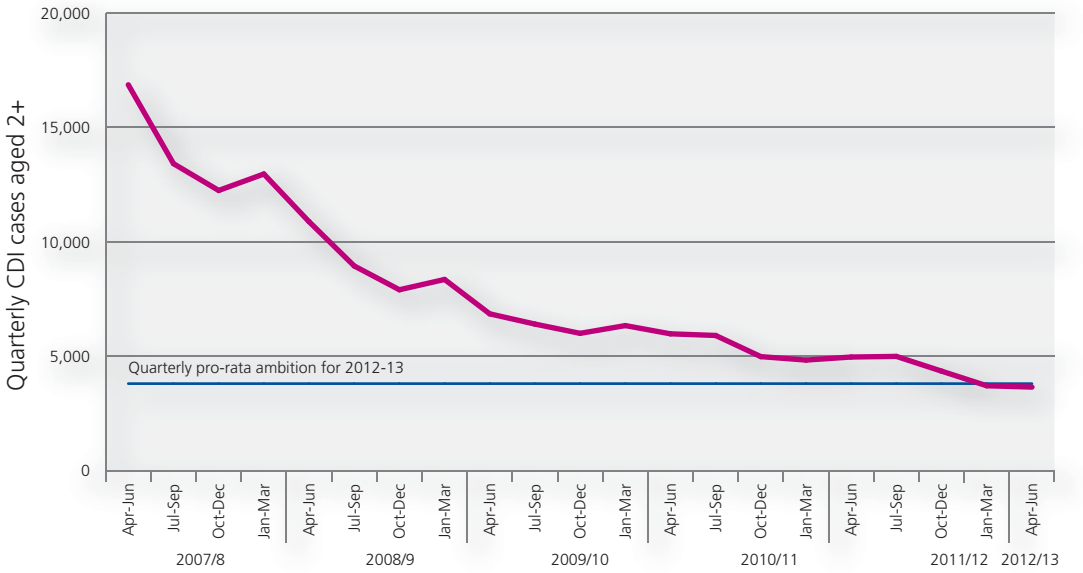

2 http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HCAI/LatestPublicationsFromMandatorySurveillanceMRSACDIAndGRE/

## C. difficile

For C. difficile, 3,650 infections were reported in Q1, a 27 percent improvement on the same quarter last year.

In addition, from April 2012, the Department of Health introduced new guidance that strengthens C. difficile testing and reporting arrangements, helping healthcare providers improve the management of C. difficile infection.

**Figure 2: C. difficile cases aged two or more years: quarterly totals between April 2007 and June 2012**




# Patient experience

## Eliminating mixed sex accommodation[3]

### Performance status: improved

The overall trend of steadily reducing breaches continued over Q1. After a one-off increase reported for April 2012 (due to the position at a small handful of trusts), the figures for May and June resumed the downward trend.

From April 2011, all providers of NHS-funded care have been required to declare compliance with the national definition, or face financial penalties. From this date, fines of £250 for every breach were introduced. This money is reinvested into patient care.

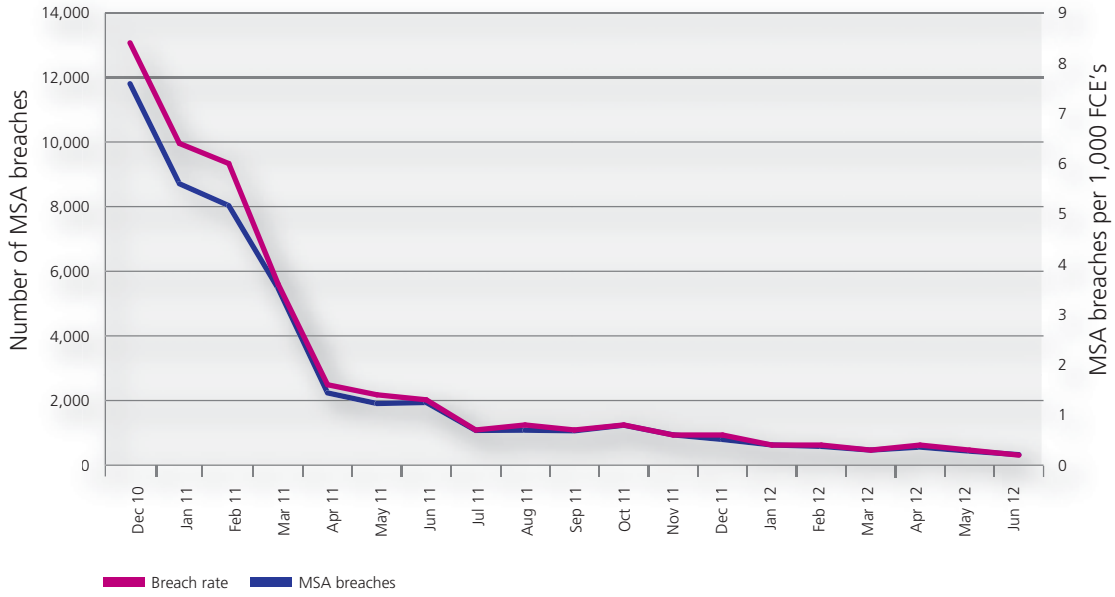
Reporting requires all breaches of sleeping accommodation to be captured for each patient affected. Figures are revised every six months following validation with commissioners. Nineteen months of data is now available and there has been a steady reduction in the breach rate as shown in Figure 3 (Q1 figures in shaded boxes). *Asterisked figures are unrevised.

3 http://transparency.dh.gov.uk/2012/07/10/mixed-sex-accommodation/

**Figure 3: Number of breaches of mixed sex accommodation**

| Month | MSA breaches | Breach rate |
|---|---|---|
| June 2012 | *325 | 0.2 |
| May 2012 | *434 | 0.3 |
| April 2012 | *559 | 0.4 |
| March 2012 | 466 | 0.3 |
| February 2012 | 581 | 0.4 |
| January 2012 | 626 | 0.4 |
| December 2011 | 795 | 0.6 |
| November 2011 | 937 | 0.6 |
| October 2011 | 1,236 | 0.8 |
| September 2011 | 1,063 | 0.7 |
| August 2011 | 1,083 | 0.8 |
| July 2011 | 1,075 | 0.7 |
| June 2011 | 1,939 | 1.3 |
| May 2011 | 1,908 | 1.4 |
| April 2011 | 2,236 | 1.6 |
| March 2011 | 5,466 | 3.6 |
| February 2011 | 8,031 | 6.0 |
| January 2011 | 8,708 | 6.4 |
| December 2010 | 11,802 | 8.4 |

**Figure 4: Mixed sex accommodation total breaches and breach rate for England**




The reporting arrangements ensure a higher degree of scrutiny and transparency to eliminate mixed sex accommodation. Breaches of guidance relating to bathrooms, WCs, and day areas in mental health units are monitored and resolved locally through the usual contract arrangements. Occurrences of mixing in the best interests of patients are monitored locally but not reported centrally.

## Friends and family

On Friday 25 May 2012 the Prime Minister announced details of a 'friends and family test' to be implemented in the NHS in response to recommendations made by the Nursing Care Quality Forum.

He said:

*"We're moving ahead quickly [with] the friends and family test. In every hospital, patients are going to be able to answer a simple question: whether they'd want a friend or relative to be treated there in their hour of need. By making those answers public we're going to give everyone a really clear idea of where to get the best care – and drive other hospitals to raise their game."*

From April 2013, patients will be asked a simple question to identify whether they would recommend their friends or family to receive similar care or treatment in a particular acute hospital ward or accident and emergency unit.

Guidance on how to implement the friends and family test within adult inpatient and A&E services, which was developed in conjunction with the NHS, was published on 4 October 2012.[4]

## Patient Reported Outcome Measures (PROMs)[5]

### Performance status: improved

Participation rates in PROMs data collections continue to rise, with 74 percent of eligible patients completing a pre-operative questionnaire in 2011/12, compared to 70 percent in 2010/11 and 66 percent in 2009/10.

The latest provisional data covering April 2011 to March 2012 shows a continuing improvement in compliance. The number of patients returning pre-operative questionnaires (182,930) and the national participation rate (74 percent) show a clear upward trend. The national participation rate is approximately 4 percentage points higher than in 2010/11, which in turn was 3.7 percentage points higher than in 2009/10.

The data for April 2011 to March 2012 published on 15 August 2012 shows the percentage of patients reporting an improvement for all four procedures has been maintained. For example, 95.9 percent of patients receiving a hip replacement and 91.6 percent of patients receiving a knee replacement report an improvement, up from 95.8 percent and 91.4 percent respectively in 2010/11.

**Figure 5: Headline PROMs data, England**

| Procedure | Year* | Average health gain (EQ-5D, case-mix adjusted) | % of patients reporting improved health status** |
|---|---|---|---|
| Hip replacement | 2009/10 | 0.411 | 87.2 – 95.7 |
| | 2010/11 | 0.405 | 86.7 – 95.8 |
| | *2011/12* | *0.417* | *87.4 – 95.9* |
| Knee replacement | 2009/10 | 0.295 | 77.6 – 91.4 |
| | 2010/11 | 0.299 | 77.9 – 91.4 |
| | *2011/12* | *0.305* | *78.8 – 91.6* |
| Varicose vein | 2009/10 | 0.094 | 52.4 – 83.4 |
| | 2010/11 | 0.094 | 51.6 – 82.5 |
| | *2011/12* | *0.096* | *53.5 – 83.7* |
| Groin hernia | 2009/10 | 0.082 | 49.3 |
| | 2010/11 | 0.085 | 50.5 |
| | *2011/12* | *0.088* | *50.2* |

* 2009/10 and 2010/11 data finalised; 2011/12 is provisional data meaning scores are subject to change as more data is processed throughout the year.

** Ranges present the EQ-5D index score and condition-specific scores. There is no condition-specific measure for groin hernia surgery.

4 http://www.dh.gov.uk/health/2012/10/guidance-nhs-fft/

5 http://www.hesonline.nhs.uk/Ease/ContentServer?siteID=1937&categoryID=1295

Analysis[6] of the 2011/12 data indicates that a number of organisations seem to be 'outliers' on certain procedures, when compared to the national average. Figure 6 shows the organisations whose performance is statistically better than the national average for two outcome measures. 11 other organisations appear as a positive outlier for one outcome measure.

**Figure 6: List of potential statistical positive 'outlier' organisations for 2011/12 (provisional data)**

| Organisation name | Procedure |
|---|---|
| Royal Devon and Exeter NHS Foundation Trust | Hip replacement |
| The Horder Centre – St John's Road, Sussex | Hip replacement |
| Inclusion criteria: Statistically above average scores (>3 standard deviations) for EQ-5D index **and** condition specific index (Oxford hip score or Oxford knee score or Aberdeen varicose vein score). | |

Figure 7 shows organisations whose outcomes are statistically below the average for two outcome measures. There are 15 other organisations that appear as a negative outlier for one outcome measure. Organisations in Figure 7 are encouraged to investigate their own score to understand any underlying causes for the variation in performance.

**Figure 7: List of potential statistical negative 'outlier' organisations for 2011/12 (provisional data)**

| Organisation name | Procedure |
|---|---|
| Barts and the London NHS Trust | Varicose vein |
| Doncaster and Bassetlaw Hospitals NHS Foundation Trust | Knee replacement |
| Heart of England NHS Foundation Trust | Hip replacement |
| Royal National Orthopaedic Hospital NHS Trust | Knee replacement |
| South London Healthcare NHS Trust | Knee replacement |
| The Hillingdon Hospitals NHS Foundation Trust | Hip replacement |
| Walsall Healthcare NHS Trust | Hip replacement |
| Inclusion criteria: Statistically below average scores (> 3 standard deviations) for EQ-5D index **and** condition specific index (Oxford hip score, Oxford knee score or Aberdeen varicose vein score). | |

6 The outlier methodology was published on the Department's website in July 2011 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128440.

# Referral to treatment (RTT) consultant-led waiting times[7]

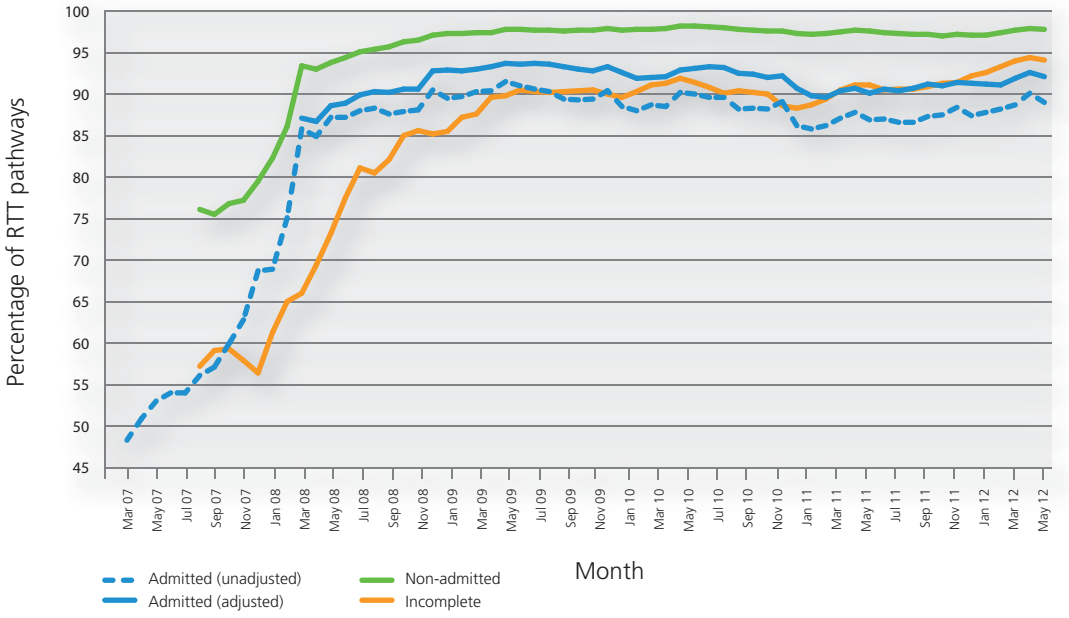
## Performance status: maintained

The patient right 'to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of alternative providers if this is not possible' remains in the NHS Constitution in England.[8]

In the three months to June 2012, the NHS as a whole continued to deliver the NHS Constitution standards, that 90 percent of admitted patients and 95 percent of non-admitted patients should start their treatment within 18 weeks of referral (Figure 8). In June 2012, 92.1 percent of admitted patients and 97.8 percent of non-admitted patients started treatment within 18 weeks.

The NHS has delivered the 2012/13 operational standard that 92 percent of patients on an incomplete pathway should have been waiting less than 18 weeks, at the end of each of the three months of this quarter. At the end of June 2012, 94.1 percent of patients on an incomplete pathway had been waiting less than 18 weeks.

**Figure 8: Percentage of RTT pathways within 18 weeks, England**




All organisations must make sure patients receive clinically appropriate treatment in accordance with the NHS Constitution. To deliver the NHS Constitution right, and in the best interests of patients, it is good practice to publish local access policies that have been agreed with clinicians and patients and are in line with national referral to treatment rules.

Where current performance does not meet the NHS Constitution operational standards, action must be taken to make sure patients are not waiting unnecessarily to start treatment and to make sure improvements are made as quickly as possible.

7 http://transparency.dh.gov.uk/2012/06/29/rtt-waiting-times/

8 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

Figure 9 shows the 10 organisations reporting the best performance against the 2012/13 performance measures in June 2012.

**Figure 9: Acute trusts with best performance on referral to treatment waits in June 2012**

| Performance thresholds | <90% | <95% | <92% | >20 | Total indicators worse than threshold |
|---|---|---|---|---|---|
| Name | Adm % within 18 weeks | Non-adm % within 18 weeks | Incomplete % within 18 weeks | Treatment functions not met | |
| Royal National Hospital for Rheumatic Diseases NHS Foundation Trust | 100.0% | 98.4% | 99.1% | 0 | 0 |
| West Suffolk NHS Foundation Trust | 100.0% | 100.0% | 100.0% | 0 | 0 |
| Chesterfield Royal Hospital NHS Foundation Trust | 99.1% | 99.9% | 99.2% | 0 | 0 |
| Gateshead Health NHS Foundation Trust | 98.4% | 99.3% | 98.3% | 0 | 0 |
| Clatterbridge Centre for Oncology NHS Foundation Trust | 97.6% | 96.9% | 97.6% | 0 | 0 |
| Northampton General Hospital NHS Trust | 97.4% | 98.8% | 97.1% | 0 | 0 |
| University Hospitals Birmingham NHS Foundation Trust | 97.2% | 99.6% | 95.8% | 0 | 0 |
| Blackpool Teaching Hospitals NHS Foundation Trust | 96.4% | 97.7% | 95.1% | 0 | 0 |
| Salford Royal NHS Foundation Trust | 96.1% | 96.8% | 97.4% | 0 | 0 |
| Liverpool Women's NHS Foundation Trust | 96.1% | 96.6% | 92.9% | 0 | 0 |

Figure 10 shows the 10 organisations reporting the poorest performance across the 2012/13 performance measures in June 2012.

**Figure 10: Acute trusts with poorest performance on referral to treatment waits in June 2012**

| Performance thresholds | <90% | <95% | <92% | >20 | Total indicators worse than threshold |
|---|---|---|---|---|---|
| Name | Adm % within 18 weeks | Non-adm % within 18 weeks | Incomplete % within 18 weeks | Treatment functions not met | |
| Mid Staffordshire NHS Foundation Trust | 74.0% | 88.7% | 84.1% | 26 | 4 |
| The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust | 48.5% | 86.2% | 68.1% | 6 | 3 |
| Imperial College Healthcare NHS Trust | 82.5% | 95.5% | 91.5% | 22 | 3 |
| James Paget University Hospitals NHS Foundation Trust | 72.4% | 99.4% | 85.3% | 12 | 2 |
| Nottingham University Hospitals NHS Trust | 84.5% | 98.7% | 91.6% | 8 | 2 |
| Pennine Acute Hospitals NHS Trust | 86.4% | 95.4% | 90.1% | 18 | 2 |
| Guy's and St Thomas' NHS Foundation Trust | 88.4% | 97.0% | 90.7% | 13 | 2 |
| North Bristol NHS Trust | 90.5% | 97.1% | 61.1% | 23 | 2 |
| Shrewsbury and Telford Hospital NHS Trust | 77.5% | 96.6% | 94.6% | 4 | 1 |
| The Walton Centre NHS Foundation Trust | 83.8% | 97.6% | 97.6% | 1 | 1 |

During the three months to June 2012, the NHS has also made good progress in reducing numbers of patients still waiting a long time to start treatment. In particular, the number of patients still waiting over a year at the end of June 2012 has reduced to 3,500 (0.1 percent of total waiting list), compared to 13,257 (0.5 percent of total waiting list) at the end of June 2011. This reduction is a result of action taken by local health communities to treat patients who have been waiting a long time, and action taken to validate waiting lists.

Average waiting times for the 15 key diagnostic tests remained low and stable in the three months to June 2012. This has been achieved during a period of increasing activity. In the three months to June 2012, total diagnostic activity increased by 7 percent (267,000 tests) compared to the same period in 2011.

In April and May, the NHS as a whole delivered the 2012/13 operational standard for diagnostic waiting times, that less than 1 percent of patients should be waiting six weeks or longer for a diagnostic test. The standard was not delivered for June 2012, with 1.3 percent of patients waiting six weeks or longer for one of the 15 key diagnostic tests at the end of the month.

A small number of trusts are responsible for a large proportion of the waits of six weeks or longer reported at the end of June 2012. Figure 11 shows the acute trusts with the largest percentages of waits of six weeks or longer at the end of June 2012.

**Figure 11: Acute trusts reporting the largest percentages of diagnostic waits of six weeks or longer at the end of June 2012**

| Provider name | Number of 6+ week waits | Total number of patients waiting for a diagnostic test | 6+ week waits as a percentage of total waits |
|---|---|---|---|
| Brighton and Sussex University Hospitals NHS Trust | 1,163 | 6,302 | 18.5% |
| University Hospitals of Leicester NHS Trust | 660 | 7,683 | 8.6% |
| Gloucestershire Hospitals NHS Foundation Trust | 490 | 5,745 | 8.5% |
| University Hospitals Bristol NHS Foundation Trust | 370 | 4,506 | 8.2% |
| Bradford Teaching Hospitals NHS Foundation Trust | 332 | 4,573 | 7.3% |
| King's College Hospital NHS Foundation Trust | 330 | 5,054 | 6.5% |
| Sherwood Forest Hospitals NHS Foundation Trust | 292 | 4,504 | 6.5% |
| Hampshire Hospitals NHS Foundation Trust | 260 | 4,025 | 6.5% |
| Peterborough and Stamford Hospitals NHS Foundation Trust | 206 | 3,314 | 6.2% |
| Mid Staffordshire NHS Foundation Trust | 193 | 3,600 | 5.4% |
| Guy's And St Thomas' NHS Foundation Trust | 190 | 3,932 | 4.8% |
| The Dudley Group of Hospitals NHS Foundation Trust | 146 | 3,071 | 4.8% |
| Oxford University Hospitals NHS Trust | 142 | 3,059 | 4.6% |
| Ipswich Hospital NHS Trust | 140 | 3,507 | 4.0% |
| Heart of England NHS Foundation Trust | 136 | 3,653 | 3.7% |
| East and North Hertfordshire NHS Trust | 134 | 3,974 | 3.4% |
| Great Western Hospitals NHS Foundation Trust | 125 | 4,040 | 3.1% |
| East Cheshire NHS Trust | 112 | 3,932 | 2.8% |

# A&E[9]

## Performance status: maintained

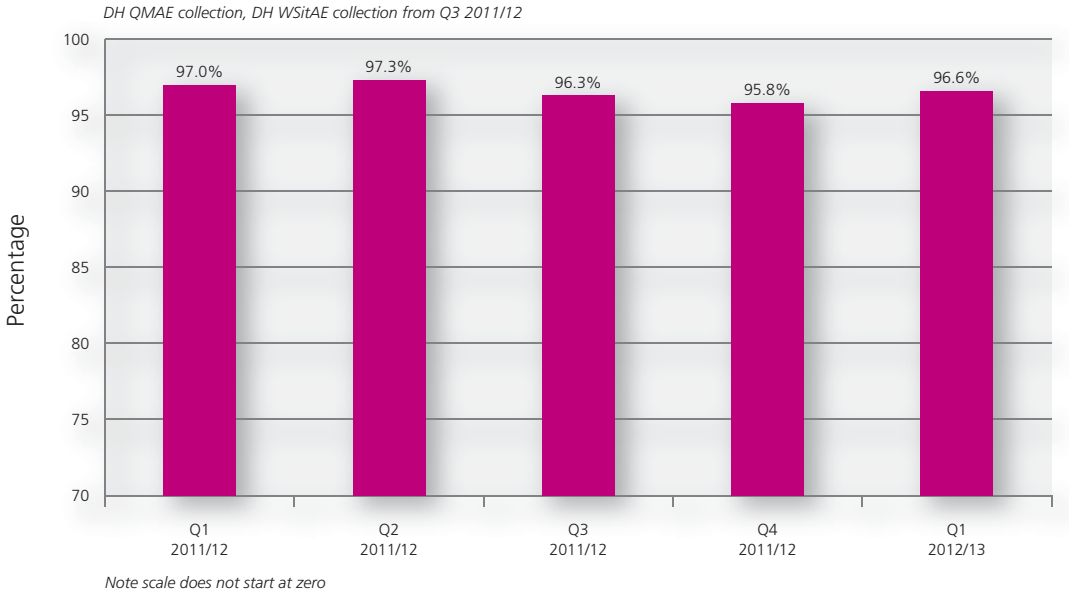
At Q1, 96.6 percent of patients spent four hours or less from arrival to admission, transfer to discharge, across all A&E types. This remains above the 95 percent standard, although slightly lower than the same period last year.

Figure 12 shows performance against the total time indicator, with quarterly monitoring A&E return (QMAE) as the data source until quarter two 2011/12 (Q2). Following the fundamental review of data returns consultation, QMAE ceased to be collected from January 2012. Situation (sit-rep) data, which is directly comparable, is now the data source.

New clinical quality indicators for A&E were introduced in April 2011. These have put in place more meaningful performance measures that balance timeliness of care with other indicators of quality, including clinical outcomes and patient experience. There are eight clinical quality indicators, which will continue to be in place during 2012/13 for local use.

In line with the previous quarter, the NHS should continue to focus on improving data quality for these indicators in 2012/13, as well as ensuring compliance with the total time indicator.

**Figure 12: Percentage of patients spending four hours or less at all types of A&E by quarter, England**




9 http://transparency.dh.gov.uk/2012/06/14/ae-info/

# Ambulance[10]

## Performance status: maintained

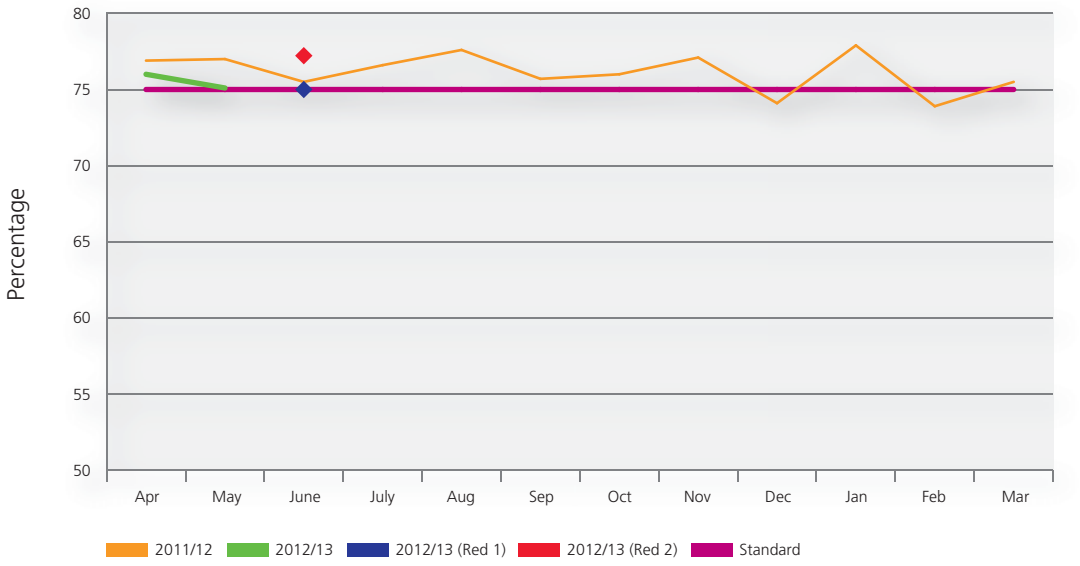
Performance data on the Category A calls eight-minute response time standard (A8) of 75 percent and the 19-minute (A19) transportation standard of 95 percent is published monthly.

From June 2012, response times for the A8 standard were reported separately for Category A Red 1 calls (defined as incidents presenting conditions which may be immediately life threatening) and Category A Red 2 calls (defined as incidents presenting conditions which may be life threatening, but less time-critical), in line with changes announced to the NHS in May 2012. This change also introduced different clock start times for Red 1 and Red 2 calls and therefore for Q1 it is not possible to provide an aggregated figure for the A8 standard. For Q2 2012/13, it will be possible to provide separate aggregated figures for Category A Red 1 and Category A Red 2 calls, as these categorisations will have been used across all three months of the period.

For the first two months of Q1, 75.5 percent of Category A calls were responded to in eight minutes. In June 2012, 75.4 percent of Category A Red 1 and 77.3 percent of Category A Red 2 calls were responded to within eight minutes. The proportion of Category A calls resulting in an ambulance arriving at the scene within 19 minutes of a request for transport being made was 96.6 percent, comparable to the Q4 2011/12 figure of 96.5 percent.

The data shows that fast response times for the most seriously ill patients are being maintained, as represented in Figures 13 and 14.

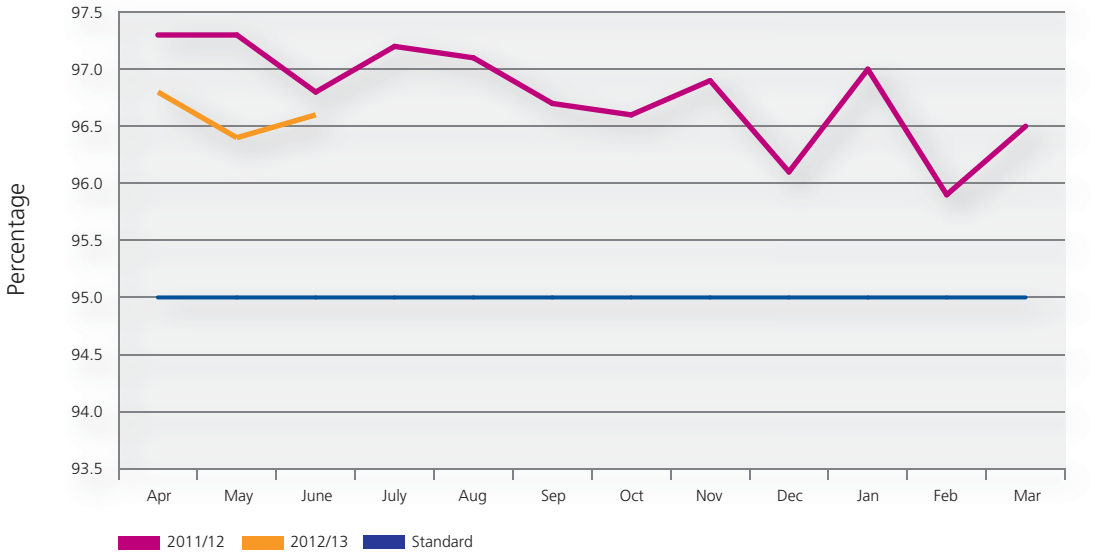
**Figure 13: Percentage of Category A calls responded to within eight minutes of call being connected (England)**




Prior to April 2011, data for the Category A 8 minutes measure was collected weekly via the weekly sit-reps, but has been aggregated here to create a monthly time series. The weekly period covered each month will vary, either covering a period of four or five weeks. Data for Category A 8 minutes measure for June 2012 onwards is now split into two categories, Red 1 and Red 2. Due to the way Red 1 and Red 2 'clock starts' are defined they do not sum to the old Category A 8 data and therefore they have been shown separately on the graph.

10 http://transparency.dh.gov.uk/category/statistics/amb-quality-indicators/

**Figure 14: Percentage of Category A calls responded to within 19 minutes of call being connected (England)**




Ambulance data is also collected and published monthly on the clinical quality indicators. No performance standards have been set for these indicators.

There were over 1,191,000 emergency journeys in Q1. The system measures for Q1 show that 1.1 percent of callers abandoned their call before the call was answered by the ambulance service, compared to 1.2 percent in Q4 2011/12. The proportion of patients re-contacting the ambulance service following discharge of care by telephone remained the same in Q1 as in Q4 2011/12, at 14 percent. The re-contact rate following discharge of care from treatment at the scene rose slightly from 5.6 percent in Q4 2011/12 to 5.8 percent in Q1. The proportion of calls closed with telephone advice was 5.7 percent in Q1, an increase from the Q4 2011/12 figure of 5.6 percent. The proportion of incidents receiving a face-to-face response from ambulance services, that were managed without the need for transport to A&E, increased to 35.1 percent in Q1 from 34.4 percent in Q4 2011/12.

# Cancer[11]

## Performance status: maintained

The NHS has continued to maintain performance for all cancer waiting times measures in the NHS Operating Framework 2012/13. All requirements for maximum waiting times for diagnosed and suspected cancer patients were met during Q1, and performance was above the published operational standards.

**Figure 15: Performance against cancer waiting time standards**

| Measure | Operational standard | Q1 2012/13 Performance |
|---|---|---|
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP | 93% | 95.2% |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) | 93% | 95.2% |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer | 85% | 87.5% |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers | 90% | 94.6% |
| Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) | No operational standard has been set | 93.9% |
| Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers | 96% | 98.4% |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery | 94% | 97.4% |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen | 98% | 99.6% |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy | 94% | 97.5% |

All data is taken from the Q1 2012/13 National Statistics and are provider-based (including Welsh and unknowns)

Only five providers failed to achieve the operational standard for three or more cancer waiting times measures in Q1 2012/13 (see Figure 16 below).

11 http://transparency.dh.gov.uk/category/statistics/provider-waiting-cancer/

**Figure 16: Cancer waiting time standards: identified outlier organisations**

| Cancer waiting times standard | All cancer two week wait | All cancer one month standard | 31-day standard: subsequent surgery | 31-day standard: subsequent anti-cancer drug regimen | 31-day standard: subsequent radiotherapy | Two month first treatment standard | 62-days from screening service | Two week wait for breast symptoms | Number of measures failed |
|---|---|---|---|---|---|---|---|---|---|
| **Required operational standard** | **93%** | **96%** | **94%** | **98%** | **94%** | **85%** | **90%** | **93%** | |
| **Provider** | **%** | **%** | **%** | **%** | **%** | **%** | **%** | **%** | **n** |
| Barts and the London NHS Trust | 94.1% | 96.9% | 97.4% | 100.0% | 96.6% | 81.3% | 87.5% | 88.1% | 3 |
| Imperial College Healthcare NHS Trust | 92.9% | 91.3% | 86.9% | 97.0% | 97.2% | 66.0% | 68.2% | 90.2% | 7 |
| United Lincolnshire Hospitals NHS Trust | 93.4% | 97.8% | 96.0% | 96.9% | 94.9% | 83.8% | 87.7% | 87.9% | 4 |
| Nottingham University Hospitals NHS Trust | 91.2% | 95.1% | 96.0% | 99.7% | 99.8% | 81.3% | 94.4% | 89.2% | 4 |
| Gloucestershire Hospitals NHS Foundation Trust | 88.2% | 99.7% | 100.0% | 100.0% | 100.0% | 83.0% | 96.7% | 87.2% | 3 |

**Period:** Q1 2012/13 (April, May and June)

**Basis:** Provider-based including Welsh cross-border patients and 'unknowns'

**Definitions:** DSCN 20/2008

**Note 1:** Only providers reporting five or more cases in the period are identified in this analysis

**Note 2:** Only providers that failed three or more waiting times requirements in the period are identified in this analysis

# Enhancing quality of life for people with long-term conditions

## Long-term conditions

The NHS Operating Framework 2012/13 sets out the commitment to transform care for people with long-term conditions, a central challenge to delivering better quality and productivity.

For 2012/13, performance will be judged across three key measures:

- the proportion of people feeling supported to manage their condition
- unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
- unplanned hospitalisation for asthma, diabetes and epilepsy (in under 19s).

As this is an existing measure, baseline data for the proportion of people feeling supported to manage their condition is already available and will be updated every six months. Work is currently underway to develop the remaining two new indicators and once data is available, it will be published alongside other performance data in *the quarter*.

Domain two of the NHS Outcomes Framework 2012/13[12] (Enhancing quality of life for people with long-term conditions) sets out a broader suite of measures for measuring performance in future years.

## Mental health

The NHS Operating Framework 2012/13 states that PCT clusters need to consider the mental health outcomes strategy No Health Without Mental Health[13] to support local commissioning. For 2012/13, particular focus is needed on improving access to psychological therapies (IAPT), children and young people, and offender health.

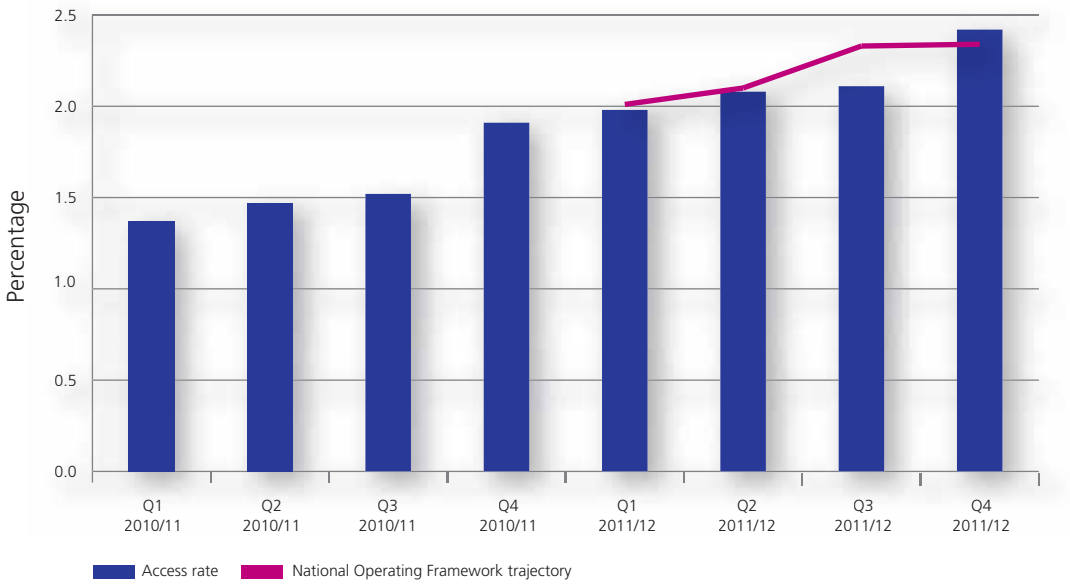
### Improving access to psychological therapies

The latest provisional data for Q4 2011/12 shows the number of people entering IAPT treatment services has continued to improve in comparison to previous quarters.

In Q4 2011/12:

- 244,960 people were referred for psychological therapies, an increase of over 14 percent from Q3. This represents 2.42 percent of all people entering mental health treatment nationally
- 149,916 people entered treatment, an increase of over 15 percent since Q3
- a total of 5,640 people moved off sick pay and benefits, an increase of 152 people or 2.7 percent since Q3.

**Figure 17: Number of people entering IAPT treatment nationally**




12 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131700

13 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766

Specialist community mental health services continue to provide high quality services. In meeting the QIPP challenge, PCTs met 33.7 percent of the full year plans for people with the first onset of early psychosis. Crisis resolution home treatment (CRHT) teams treated 97.9 percent of acute mentally ill patients who would otherwise have required admission to hospital.

## Early intervention (EI)

Early intervention in psychosis teams saw 2,528 new patients in Q1, which is 33.7 percent of the total plans for the year (7,500 yearly).

**Figure 18: EI services: Number of new cases seen in Q1 of 2012/13 by SHAs compared to yearly plans**

| SHA name | Yearly plans set for new cases of psychosis served by EI teams | Total number of new EI cases in year | Percentage of new cases plans met |
|---|---|---|---|
| **England** | **7,500** | **2,528** | **34%** |
| North East | 459 | 169 | 37% |
| North West | 1,203 | 389 | 30% |
| Yorkshire and the Humber | 803 | 304 | 34% |
| East Midlands | 577 | 206 | 42% |
| West Midlands | 816 | 234 | 30% |
| East of England | 658 | 254 | 34% |
| London | 1,392 | 451 | 33% |
| South East Coast | 515 | 146 | 40% |
| South Central | 468 | 151 | 28% |
| South West | 609 | 224 | 40% |

Data source: Department of Health

## Crisis resolution

In Q1, 97.9 percent of all admissions to psychiatric inpatient wards were gate kept by CRHT teams, compared to 97.0 percent in the same period in 2011/12. Nine SHAs met the threshold that 95 percent of admissions were gate kept and seven SHAs achieved over 97.9 percent, the national average.

**Figure 19: Crisis resolution services: The proportion of patients gate kept by CRHT teams in Q1 by SHAs**

| Name | Number of admissions to acute wards gate kept by CRHT teams | Total number of admissions to acute wards | Proportion of admissions to acute wards that were gate kept by the CRHT teams |
|---|---|---|---|
| **England** | **17,716** | **18,092** | **97.9%** |
| North East | 726 | 739 | 98.2% |
| North West | 2,895 | 2,941 | 98.4% |
| Yorkshire and the Humber | 1,596 | 1,616 | 98.8% |
| East Midlands | 1,110 | 1,135 | 97.8% |
| West Midlands | 1,685 | 1,694 | 99.5% |
| East of England | 1,663 | 1,779 | 93.5% |
| London | 4,058 | 4,120 | 98.5% |
| South East Coast | 1,439 | 1,452 | 99.1% |
| South Central | 1,136 | 1,182 | 96.1% |
| South West | 1,408 | 1,434 | 98.2% |

Data source: Department of Health

## Care programme approach (CPA) follow-up

Of all patients on a CPA that were discharged from psychiatric inpatient care, 97.5 percent were followed up within seven days of discharge, an improvement from 96.7 percent in the same period last year. All SHAs met the threshold that at least 97 percent of patients are followed up within seven days of discharge.

**Figure 20: CPA: The proportion of patients followed up within seven days of discharge in Q1 by SHAs**

| Name | Number of patients followed up within seven days | Total number of patients discharged | Proportion of patients followed up within seven days |
|---|---|---|---|
| **England** | **16,650** | **17,078** | **97.5%** |
| North East | 962 | 985 | 97.7% |
| North West | 2,749 | 2,829 | 97.2% |
| Yorkshire and the Humber | 1,342 | 1,382 | 97.1% |
| East Midlands | 1,162 | 1,194 | 97.3% |
| West Midlands | 1,897 | 1,952 | 97.2% |
| East of England | 1,574 | 1,614 | 97.5% |
| London | 2,781 | 2,849 | 97.6% |
| South East Coast | 942 | 968 | 97.3% |
| South Central | 1,584 | 1,631 | 97.1% |
| South West | 1,657 | 1,674 | 99.0% |

Data source: Department of Health

# Helping people to recover from episodes of ill health or following injury

## Emergency admissions for acute conditions that should not usually require hospital admission

This measure in the NHS Operating Framework 2012/13 is derived directly from the overarching indicator for domain three of the NHS Outcomes Framework 2012/13 'Helping people to recover from episodes of ill health or following injury'.

The NHS Information Centre for Health and Social Care (NHS IC) has published quarterly figures for this indicator from 2003/04 to 2010/11. They show an increase in the proportion of emergency admissions for acute conditions that should not usually require hospital admission over the period. These conditions include (but are not limited to) ear, nose and throat infections, kidney and urinary tract infections, and heart failure.

The Department estimates it should be possible to reduce emergency hospital admissions from 2011/12 to 2014/15 through local QIPP programmes, which aim to identify trends in inappropriate local emergency admission. Local initiatives are being developed in partnership with primary care that would assist with this reduction.

Supporting this, from 2011/12 the Quality and Outcomes Framework[14] contains indicators that reward GP practices for working to reduce emergency admissions. From April 2012, the framework contains new indicators on reducing avoidable A&E attendances through improving care provided and access to primary care. These indicators could reduce avoidable admissions, by providing incentives to reduce emergency admissions.

The Department will continue to monitor emergency admissions for acute conditions that should not usually require hospital admission and would expect local NHS organisations to focus on improving local provision of care to reduce the number of avoidable A&E admissions. Figures for Q1 2011/12 will be published by the NHS IC in December 2012.

14 http://www.nhsemployers.org/Aboutus/Publications/Documents/QOF_2012-13.pdf

# Stroke

## Performance status: maintained

Improving stroke care remains a priority for the NHS and latest data shows the NHS is maintaining improvements and will continue to iron out regional variations, which is crucial to improving outcomes for patients.

In Q1, 84.3 percent of stroke patients spent 90 percent or more of their hospital stay in a stroke unit. This is an increase in performance compared to Q4 2011/12, where the corresponding figure was 81.7 percent.

There is clear evidence that care in a stroke unit improves outcomes. This has increased by over 20 percent since 2009, but there is still variation between areas and the NHS is continuing to work on this.

70.8 percent of transient ischaemic attack cases with a higher risk of minor stroke were treated within 24 hours. This is a slight decrease on Q4 2011/12, where the corresponding figure was 71.2 percent, but a 15 percent increase since the corresponding quarter in 2009.

Maintaining this improvement is crucial to reducing the likelihood of people going on to experience a full stroke.

# Dentistry

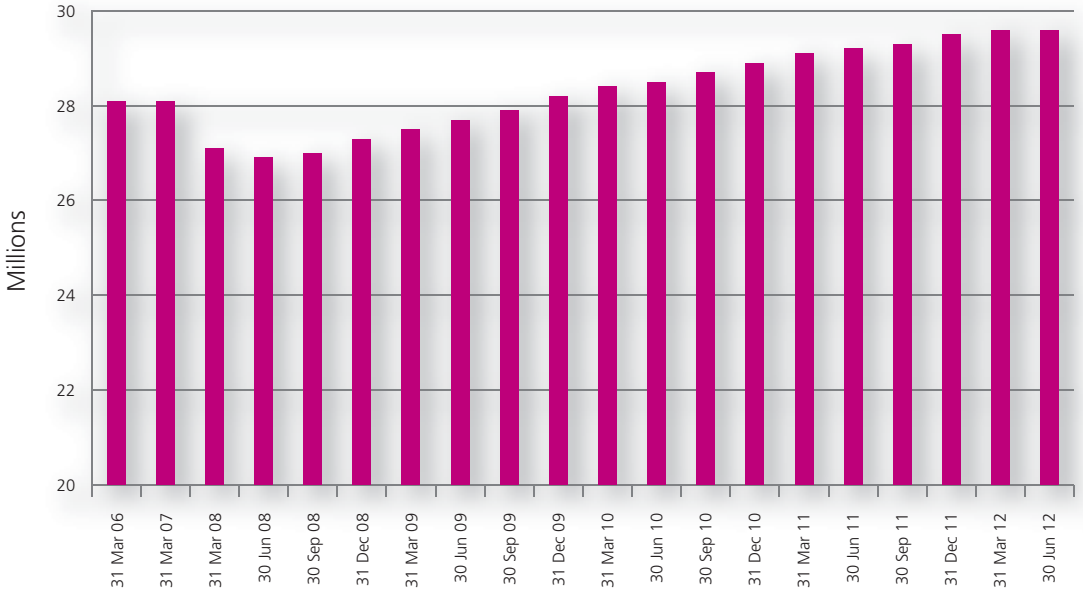
## Performance status: maintained

Latest data for Q1 shows the number of patients accessing NHS dentistry has been maintained from Q4 2011/12 at approximately 29.6 million, having grown from a figure of 26.9 million in June 2008. There has been an overall increase of 402,000 patients accessing services, based on the same quarter in the previous year.

Part of the Department's plan to tackle children's dental health, and more specifically those at risk of cavities, was published in our paper Delivering Better Oral Health.[15] It is part of the broader preventative approach to oral care that is widely supported by dentists. As a consequence of this approach, the number of fluoride varnish procedures has gone up by 63.5 percent since last year.

In April 2011, the Department announced pilots to run in advance of the introduction of a new dental contract based on registration, capitation and quality, with the aim of increasing access and enabling dentists to focus on improving oral health. Elements needed to design that new contract are being piloted in 70 dental practices across England – these started on 1 September 2011 and will run until March 2013. The new contract and new commissioning system should deliver a service where dentists are encouraged and motivated to deliver high quality care, focused on improving patients' oral health.

**Figure 21: Number of patients seen by an NHS dentist (millions)**




15 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102331

# Innovation

In December 2011, the Department published Innovation Health and Wealth[16] (IHW), which sets out a delivery agenda for spreading innovation at pace and scale throughout the NHS. It recommends a number of actions that will deliver significant improvements in the quality and value of care delivered in the NHS. They are designed as an integrated set of measures that together will support the NHS in achieving a systematic and profound change in the way it operates.

The NHS Operating Framework 2012/13 made it clear that the role of innovation will be critical if we are to continue to improve outcomes for patients and deliver value for money.

NHS organisations were asked to make an immediate start by developing plans in local areas to deliver against this ambitious agenda, with a particular focus on the High Impact Innovations identified in IHW. The rapid spread of telehealth technology, improving the quality of children's wheelchair services, the routine use of fluid monitoring technologies, and provision of carer's breaks for those looking after people with dementia will make a real difference to the quality and experience of people's lives, as well as delivering productivity improvements.

We have now launched www.innovation.nhs.uk where implementation guidance and support for each of the innovations can be found.

The website allows users to:

- learn about the innovations
- read case studies
- access support to help with implementation including procurement
- help with business case development and service re-design
- benchmark performance
- share their experiences
- score others' case studies
- develop ideas and online communities.

The website discussion forums enable innovators from the NHS, public, private, academic, scientific and business communities to get in touch, share ideas, and post details of their own innovations.

To embed innovative practice in future delivery, from April 2013, compliance with these High Impact Innovations will become a pre-qualification requirement for Commissioning for Quality and Innovation (CQUIN) payments. IHW also made clear that National Institute for Health and Clinical Excellence (NICE) Technology Appraisals (TAs) should be automatically included, where clinically appropriate, in local treatment lists (formularies). The law is quite clear on this point. All NICE TAs carry a statutory funding obligation and patients have a legal right to access NICE recommended medicines and technologies – this is non-negotiable.

Formularies have an important role in underpinning safe and effective use of medicines. However, they should not duplicate NICE assessments or challenge an appraisal recommendation. Once on formularies, there should be no further barriers to the use or prescription of technologies or medicines.

Some good progress has been made, but there is much more to do to reduce variation across the country. With that in mind, Sir David Nicholson wrote to all NHS organisations requesting they publish information which sets out which NICE TAs are included in their local formularies. PCT clusters and clinical commissioning groups (CCGs) will need to take the lead in working towards publication by 1 April 2013 at the very latest.

It will be important that the publications are online, and are clear, simple and transparent, so patients, the public and stakeholders can easily understand them.

From 1 April 2013, we intend to make this a standard term and condition in NHS contracts. Our intention remains unequivocal – to support patient access to NICE approved medicines and technologies.

16 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131299

Productivity

# Finance

The returns for the first quarter of 2012/13 show that, overall, the NHS is forecasting a healthy surplus.

SHAs and PCTs are forecasting an overall surplus of £1,153 million, which is in line with the NHS Operating Framework 2012/13, and represents 1.2 percent of the total SHA/PCT revenue resources. NHS trusts (excluding FTs) are forecasting an overall surplus of £71 million at Q1 for 2012/13.

**Figure 22: NHS financial performance by SHA area – PCT/SHA sector**

| | 2009/10 | | 2010/11 | | 2011/12 | | Q1 2012/13 Forecast outturn | |
|---|---|---|---|---|---|---|---|---|
| | £m | % Resource limit | £m | % Resource limit | £m | % Resource limit | £m | % Resource limit |
| North East | 80 | 1.6 | 70 | 1.3 | 64 | 1.2 | 60 | 1.1 |
| North West | 185 | 1.4 | 215 | 1.5 | 267 | 1.9 | 267 | 1.8 |
| Yorkshire and the Humber | 185 | 2.0 | 187 | 1.9 | 189 | 1.8 | 189 | 1.8 |
| **NHS North of England** | **450** | **1.6** | **472** | **1.6** | **520** | **1.7** | **516** | **1.7** |
| East Midlands | 83 | 1.2 | 90 | 1.2 | 90 | 1.1 | 65 | 0.8 |
| West Midlands | 80 | 0.8 | 73 | 0.7 | 92 | 0.9 | 62 | 0.6 |
| East of England | 137 | 1.5 | 101 | 1.0 | 108 | 1.1 | 83 | 0.8 |
| **NHS Midlands and East** | **300** | **1.2** | **264** | **1.0** | **290** | **1.0** | **210** | **0.7** |
| London | 382 | 2.4 | 392 | 2.3 | 442 | 2.6 | 212 | 1.2 |
| **NHS London** | **382** | **2.4** | **392** | **2.3** | **442** | **2.6** | **212** | **1.2** |
| South East Coast | 50 | 0.7 | 65 | 0.9 | 86 | 1.1 | 59 | 0.8 |
| South Central | 60 | 0.9 | 67 | 1.0 | 72 | 1.1 | 48 | 0.8 |
| South West | 95 | 1.1 | 115 | 1.3 | 177 | 1.9 | 108 | 1.2 |
| **NHS South of England** | **205** | **0.9** | **247** | **1.1** | **335** | **1.4** | **215** | **0.9** |
| **Total**[17] | **1,337** | **1.5** | **1,375** | **1.4** | **1,587** | **1.6** | **1,153** | **1.2** |

There is one PCT, North Yorkshire and York PCT, forecasting a deficit of £19 million at Q1.

17 The SHA/PCT overall surplus for 2011/12 has been revised from £1,583 million, reported at Q4, to £1,587 million following receipt of Peterborough PCT's final audited accounts.

There are five NHS trusts forecasting a gross operating deficit of £160 million at Q1. These are South London Healthcare NHS Trust (£54 million operating deficit), Barking, Havering and Redbridge Hospitals NHS Trust (£40 million operating deficit), Mid Yorkshire Hospitals NHS Trust (£26 million operating deficit), Epsom and St Helier University Hospitals NHS Trust (£19 million operating deficit) and North West London Hospitals NHS Trust (£21 million operating deficit).

**Figure 23: NHS financial performance by SHA area – trust sector**

| | 2009/10 | | 2010/11 | | 2011/12 | | Q1 2012/13 Forecast outturn | |
|---|---|---|---|---|---|---|---|---|
| | £m | % Turnover | £m | % Turnover | £m | % Turnover | £m | % Turnover |
| North East | 10 | 3.0 | 3 | 2.9 | 2 | 3.8 | 0 | 0.0 |
| North West | 15 | 0.5 | 21 | 0.7 | 29 | 0.9 | 37 | 1.2 |
| Yorkshire and the Humber | 14 | 0.6 | 10 | 0.4 | (5) | (0.2) | (4) | (0.2) |
| **NHS North of England** | **39** | **0.7** | **34** | **0.6** | **26** | **0.4** | **33** | **0.6** |
| East Midlands | 18 | 0.7 | 2 | 0.1 | 23 | 0.7 | 21 | 0.6 |
| West Midlands | 53 | 1.6 | 30 | 0.9 | 33 | 0.8 | 43 | 1.0 |
| East of England | 30 | 1.4 | 23 | 0.9 | 12 | 0.5 | 17 | 0.8 |
| **NHS Midlands and East** | **101** | **1.2** | **55** | **0.6** | **68** | **0.7** | **81** | **0.8** |
| London | (3) | (0.0) | (20) | (0.2) | (96) | (1.1) | (98) | (1.3) |
| **NHS London** | **(3)** | **(0.0)** | **(20)** | **(0.2)** | **(96)** | **(1.1)** | **(98)** | **(1.3)** |
| South East Coast | 37 | 1.5 | 16 | 0.6 | 4 | 0.2 | 16 | 0.6 |
| South Central | (7) | (0.3) | 8 | 0.3 | 12 | 0.6 | 11 | 0.6 |
| South West | 28 | 1.3 | 28 | 1.3 | 30 | 1.4 | 28 | 1.2 |
| **NHS South of England** | **58** | **0.8** | **52** | **0.7** | **46** | **0.7** | **55** | **0.8** |
| **Total**[18] | **195** | **0.7** | **121** | **0.4** | **44** | **0.1** | **71** | **0.2** |

While it is important to recognise the strong overall financial position of the service, it remains important to focus on the small number of organisations who are not managing their finances.

The Department is continuing to work in conjunction with SHAs to make sure the organisations reporting a deficit have robust plans in place for financial recovery, while continuing to improve the quality of services to patients. Additionally, it is important to ensure that these organisations are in a suitable position to meet the requirements for FT status moving forward.

18 The overall trust position for 2011/12 accounts has been revised from £45 milion reported at Q4 to £44 million, following receipt of the final audited accounts position for East Midlands Ambulance Service NHS Trust.

**Figure 24: SHA and PCT sector surplus and (deficit) 2009/10 to 2012/13 Q1 forecast**

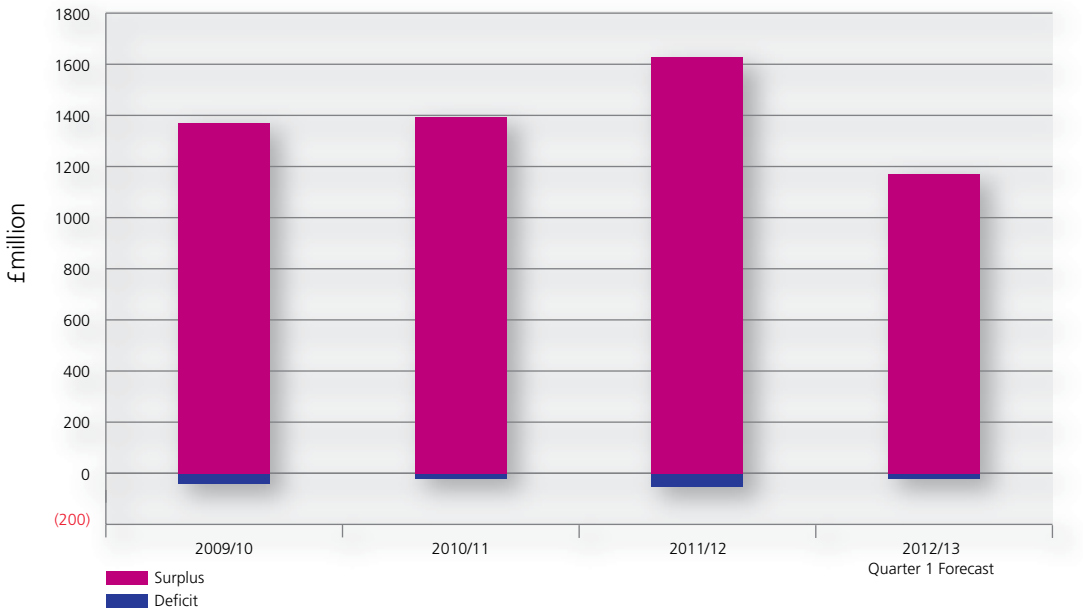
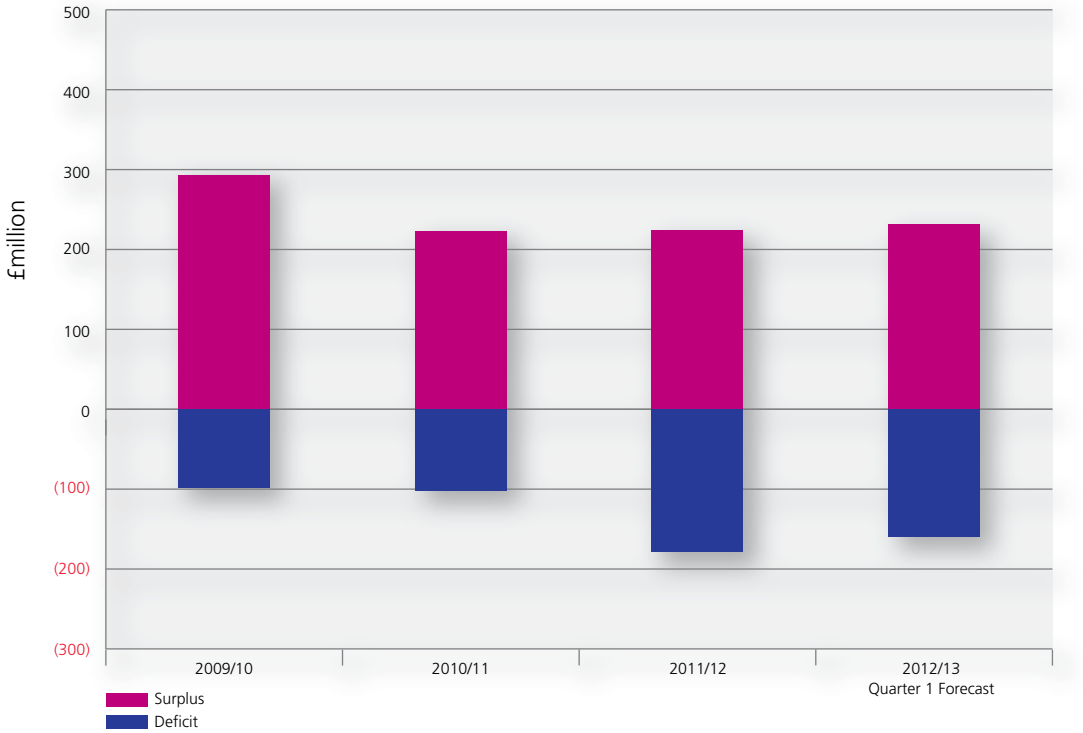



**Figure 25: Trust sector surplus and (operating deficit) 2009/10 to 2012/13 Q1 forecast**




In addition to the gross operating deficit, there is a gross technical deficit of £84 million in 19 NHS trusts (four of these organisations also have an operating deficit).

A technical deficit is a deficit arising due to one or more of the following:

a) **Impairments to fixed assets** – an impairment charge is not considered part of the organisation's operating position.

b) **The revenue cost of bringing private finance initiative (PFI) assets onto the balance sheet** (due to the introduction of international financial reporting standards (IFRS) accounting in 2009/10) – NHS trusts' financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to PFI is not chargeable for overall budgeting purposes and should be reported as technical.

c) **The impact of the change in accounting for donated assets and government grant reserves.**

## QIPP Savings

In the Q4 2011/12 edition of *the quarter*, we reported that the NHS had secured £5.8 billion of efficiency savings, representing an encouraging start to meeting the up to £20 billion QIPP challenge.

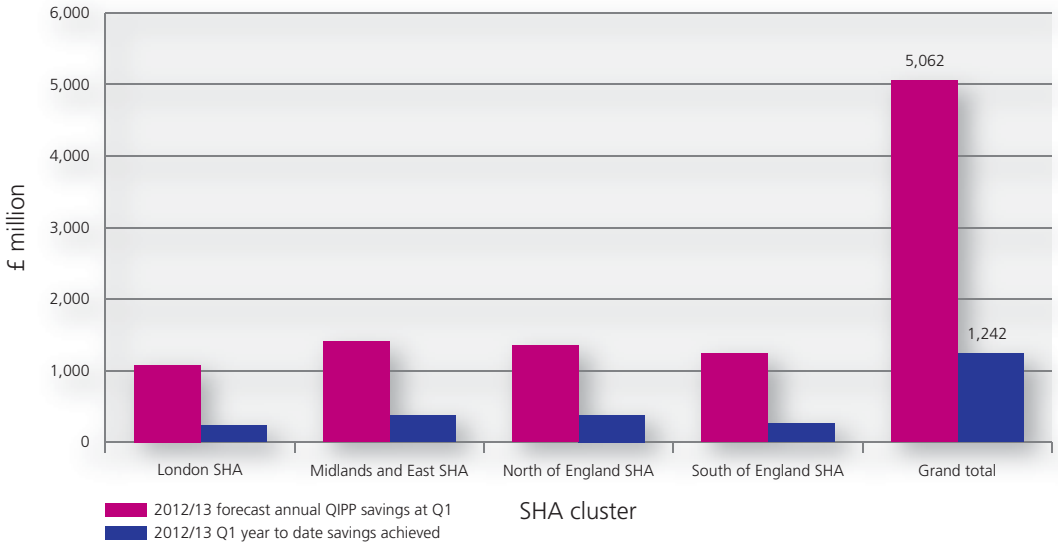
At the end of the first quarter of 2012/13, the NHS has continued this good progress, forecasting a further £5.1 billion of annual savings. In the first three months of this year, the NHS has already delivered £1.2 billion of QIPP savings (see Figures 26 and 27), which equates to 25 percent of the forecast annual savings.

This year's savings, together with last year's, represent a solid financial platform for 2013/14 and beyond, as the NHS moves the focus of the savings towards transformational service change. Delivering the quality improvements and efficiency savings required over the remainder of the QIPP period will require the NHS to focus on transformational service change through clinical service redesign.

**Figure 26: 2012/13 NHS England QIPP savings by SHA cluster**

| Total 2012/13 QIPP | SHA cluster | | | | |
|---|---|---|---|---|---|
| QIPP category | London SHA | Midlands and East SHA | North of England SHA | South of England SHA | Grand total |
| | £m | £m | £m | £m | £m |
| Acute services | 568 | 789 | 701 | 691 | 2,749 |
| Ambulance services | 10 | 25 | 24 | 20 | 79 |
| Community services | 97 | 98 | 86 | 76 | 357 |
| Continuing healthcare | 26 | 34 | 32 | 30 | 122 |
| Mental health and learning disabilities services | 113 | 124 | 96 | 72 | 405 |
| Non-NHS healthcare (inc reablement) | 12 | 20 | 34 | 18 | 84 |
| Prescribing | 77 | 103 | 135 | 132 | 447 |
| Primary care, dental, pharmacy, opthalmic | 57 | 32 | 44 | 65 | 198 |
| Specialised commissioning | 35 | 110 | 79 | 47 | 271 |
| Other | 83 | 70 | 115 | 82 | 350 |
| **Grand total** | **1,078** | **1,404** | **1,346** | **1,233** | **5,062** |

**Figure 27: 2012/13 NHS England QIPP savings by SHA cluster**



# Activity[19]

Overall, in response to the QIPP challenge, the ambition of the NHS is to redesign pathways to make sure patients are treated in the appropriate setting. This is expected to result in a reduction in unplanned emergency admissions. Although a modest reduction in activity levels was seen in 2011/12 compared with 2010/11, the first quarter of 2012/13 is showing a small increase in all areas.

## Elective activity

On elective activity, Q1 shows:

- GP referrals were 2.5 percent higher than the same period in the previous year
- other referrals for a first outpatient appointment were 5.9 percent higher than the same period in the previous year
- GP referrals seen were 0.6 percent higher than the same period the previous year
- all first outpatient attendances were 1.2 percent higher than the previous year
- elective activity (admissions) growth was 2.6 percent, compared with 3.5 percent at the same stage of 2011/12.

## Emergency activity

On non-elective activity, Q1 shows:

- non-elective activity (admissions) were 2.4 percent higher than the previous year
- A&E attendances at type 1 A&E departments were slightly higher (1.1 percent) than the previous year
- A&E attendances at all type A&E departments were 1.6 percent higher than the previous year
- urgent and emergency ambulance journeys per day were 0.8 percent higher than the previous year.

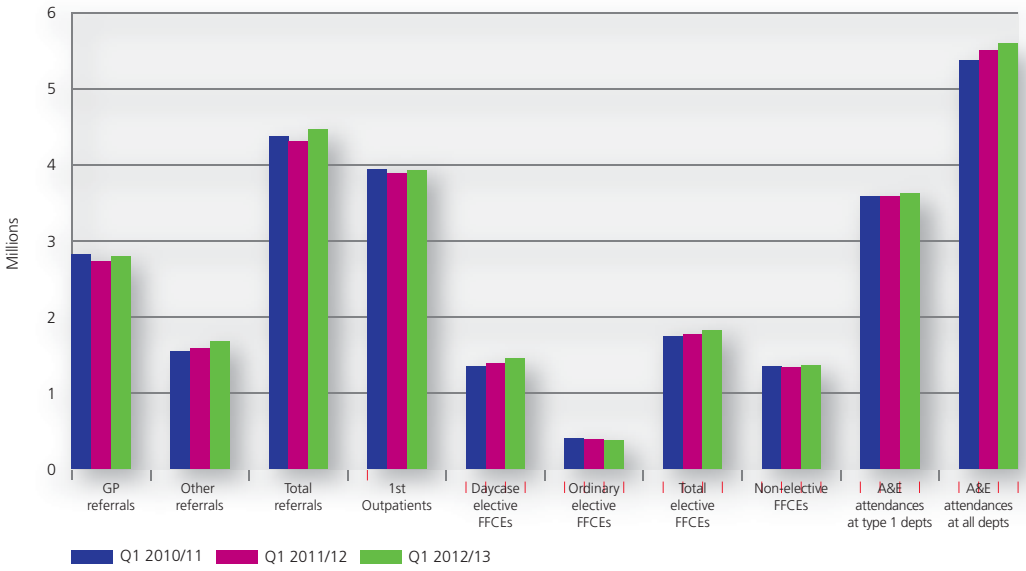
The data is largely in line with the seasonal pattern seen in previous years, and it is too soon to say whether there has been a change in the underlying trend. The picture is further complicated by the unique distribution of bank holidays and school half-term holidays, which will impact on NHS activity patterns.

**Figure 28: Year-to-date growth in activity indicators – England, by volume[1]**


[1]A&E attendances are shown by volume per day, all other indicators are shown by absolute volume.

19 http://transparency.dh.gov.uk/2012/07/05/hospital-activity/

**Figure 29: Year-to-date total volume for activity indicators – England, in millions[1]**




[1]A&E attendances are shown by volume per day, all other indicators are shown by absolute volume.

# Workforce[20]

Over this period, there has been a slight decrease in staff numbers in the hospital and community health services (HCHS) workforce statistics, published by the NHS IC on a monthly basis. The publication mainly focuses on staff working in hospitals, PCTs and SHAs and does not fully reflect the increasing number of healthcare professionals moving into community settings delivering care closer to patients' homes, nor primary care, bank or agency staff.

As part of the education and training reform programme, the Department is working with workforce colleagues in SHAs and the NHS IC to develop a process to better reflect and capture the effect of service redesign on the NHS workforce.

Figure 30 details the full time equivalent (FTE) changes in key NHS staff groups between Q4 2011/12 and Q1 2012/13. It uses the middle data point for each quarter, i.e. February 2012 for Q4 and May 2012 for Q1. This better represents the average workforce throughout the period and is most relevant when comparing to finance, activity and other data.

**Figure 30: Changes in key NHS staff groups between Q4 2011/12 and Q1 2012/13**

| England<br><br>FULL TIME EQUIVALENTS (FTE) | Q4 2011/12<br><br>Feb 12 | Q1 2012/13<br><br>May 12 | Q4 to Q1 change | Q4 to Q1 % change |
|---|---|---|---|---|
| All HCHS doctors (non locum) | 99,602 | 99,147 | –455 | –0.5% |
| All HCHS doctors (locum) | 2,036 | 2,058 | 22 | 1.1% |
| **All HCHS doctors (incl locums)** | **101,638** | **101,205** | **–433** | **–0.4%** |
| Qualified midwives | 21,067 | 21,055 | –12 | –0.1% |
| Qualified health visitors | 8,207 | 8,190 | –17 | –0.2% |
| Qualified school nurses | 1,192 | 1,146 | –46 | –3.8% |
| **Qualified nursing, midwifery and health visiting staff** | **308,100** | **306,999** | **–1,101** | **–0.4%** |
| Qualified allied health professions | 63,312 | 62,897 | –415 | –0.7% |
| Qualified healthcare scientists | 29,132 | 28,881 | –251 | –0.9% |
| Other qualified scientific, therapeutic and technical staff | 40,550 | 40,502 | –48 | –0.1% |
| **Total qualified scientific, therapeutic and technical staff** | **132,993** | **132,280** | **–713** | **–0.5%** |
| | | | | |
| **Qualified ambulance staff** | **17,999** | **17,869** | **–130** | **–0.7%** |
| | | | | |
| **Professionally qualified clinical staff** | **560,730** | **558,353** | **–2,377** | **–0.4%** |
| | | | | |
| **Support to clinical staff** | **290,089** | **289,209** | **–881** | **–0.3%** |
| Central functions | 96,679 | 95,535 | –1,143 | –1.2% |
| Hotel, property and estates | 56,232 | 55,820 | –412 | –0.7% |
| Total managers | 36,233 | 35,596 | –637 | –1.8% |
| **NHS infrastructure support** | **189,143** | **186,951** | **–2,193** | **–1.2%** |
| | | | | |
| **Total** | **1,039,963** | **1,034,513** | **–5,450** | **–0.5%** |



20 http://www.ic.nhs.uk/statistics-and-data-collections/workforce

## Health and wellbeing

The Department is committed to supporting the NHS to improve the health and wellbeing of its staff. This is not just because we want staff to be happy and healthy, but because there is compelling evidence that a positive staff experience has a direct, positive impact on patient experience.

Moreover, promoting staff health and wellbeing can help reduce sickness absence, which costs the NHS around £1.7 billion each year and places additional pressure on colleagues.

The Department continues to work with the NHS to reduce sickness absence through tackling the main causes of ill health. Five high-impact changes have been identified that build on the NHS Health and Wellbeing Framework published in July 2011.[21]

1. Developing local, evidence-based plans
2. with strong, visible leadership
3. supported by improved management capability
4. with access to better, local, high-quality, accredited occupational health services
5. where staff are encouraged and enabled to take more responsibility for their health.

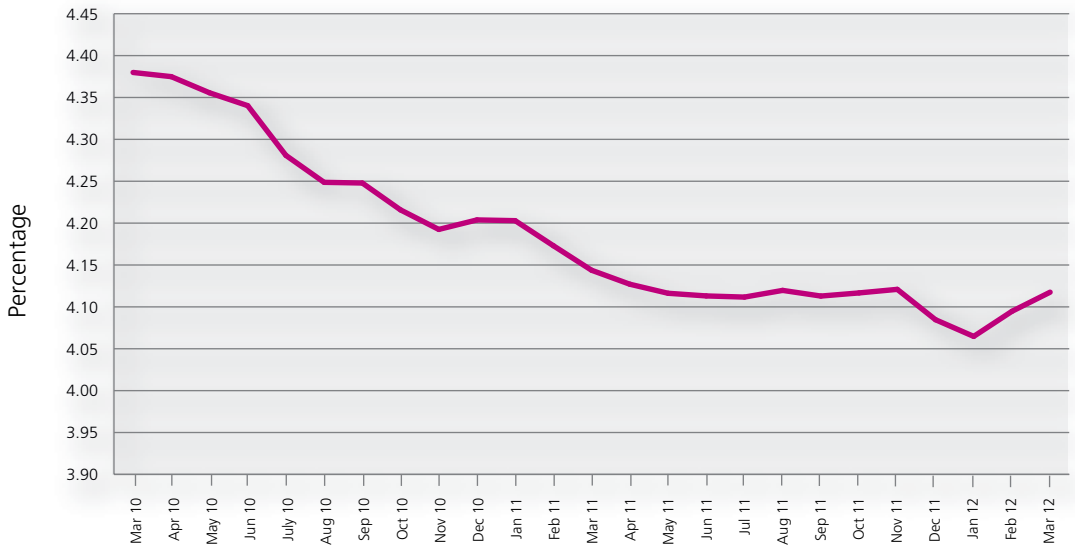
The Department is working with a variety of organisations including NHS Employers, the Royal College of Physicians Health and Work Development Unit and NHS Plus to commission work to deliver these changes. Work is underway on pathfinder projects in each SHA cluster to develop local initiatives aligned to the high-impact changes.

## Sickness absence

The latest report published by the NHS IC, based on data from the Electronic Staff Record (ESR), provided the results for January to March 2012. This showed that sickness absence has risen by 0.12 percentage points, compared to the same quarter in 2011, moving from 4.24 percent to 4.37 percent in 2012. The annual moving average sickness absence, a better measure that takes out seasonal effect, rose by 0.03 percentage points to 4.12 percent. The Department is continuing to work with SHA cluster workforce directors and the Social Partnership Forum to try to accelerate delivery to ensure we move towards the QIPP target. It also continues to work on specific projects within the NHS run by a range of delivery partners and designed to help NHS organisations reduce their levels of sickness absence. Considering the significant change seen across the NHS and its impact on staff, the Department is confident the actions taken are having a positive impact on sickness absence rates across the NHS.

21 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128691

**Figure 31: NHS sickness absence: 12 month rolling annual average**




## Staff engagement

Evidence shows where levels of staff engagement and health and wellbeing are high, trusts are much more likely to have a better quality of patient care, better financial performance and lower sickness absence amongst staff.

The NHS staff survey provides the NHS with data on staff engagement each year. National NHS staff survey results published in March 2011 showed staff engagement fell marginally across NHS trusts between 2010 and 2011 at 3.61, on a scale of 1 (low) to 5 (high), compared to 3.63 the previous year. The 2011 staff survey results were published on 20 March 2012. Survey data was gathered between mid-September and mid-December 2011.

Details of how individual employers can improve staff health and wellbeing, raise engagement and reduce sickness absence are available on the NHS Employers website at www.nhsemployers.org.

NHS staff survey data is available via Picker Institute at www.nhsstaffsurveys.com.

Prevention

## Health visitors

The Government has committed to increase the number of health visitors by 4,200 (from a May 2010 baseline) by April 2015. Supported by the Department's four-year transformational programme, the aim is to develop health visiting services that are universal, energised, improve health outcomes and reduce inequalities.

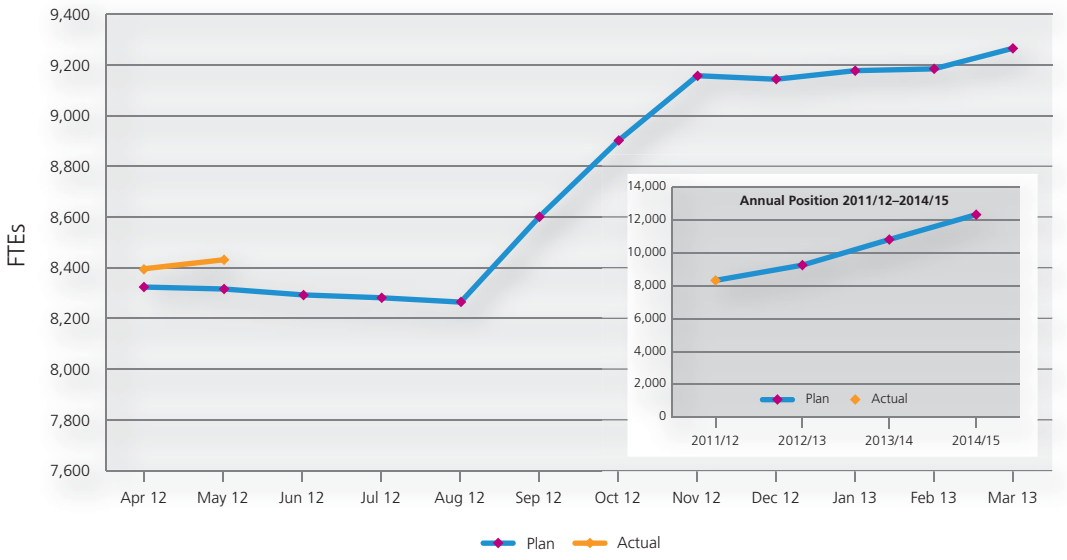
Since March 2011, an initial group of health visitor early implementer sites (EIS) have been working to deliver the new health visiting service model, as well as helping to lead a step-change in the way services are provided across the country. This innovative work was showcased to representatives of the profession in April and a second wave of 20 EIS began in May 2012.[22]

The number of FTE health visitors has increased by 339 (4.2 percent) since May 2010 and the total number of FTE health visitors at the end of May 2012 was 8,431. This figure is taken from the health visitor minimum data set, which collects from SHAs the number of health visitors on the ESR, in addition to those not recorded on ESR. The total figure provided also includes over 200 health visitors that are not counted by the ESR, for example those directly employed by local authorities and social enterprises that do not use the ESR. The data does not include bank and agency staff.

These figures are in line with expectations, and it is predicted that we will see a gradual decline in numbers until the autumn, when the next cohort of health visiting trainees begin to enter the workforce.

A management letter to NHS colleagues, issued on 1 August 2012, sets out the actions needed to keep this commitment on track and presents a trajectory of growth (with regional breakdowns) in health visitor numbers to April 2015.[23]

**Figure 32: Health visitor trajectories, England**




Reporting now includes ESR and non-ESR data. This ensures we accurately include health visitors that are employed within organisations not using ESR, for example local authorities. This graph shows the combined total.

22 http://www.dh.gov.uk/health/2012/06/hveis

23 http://www.dh.gov.uk/health/2012/08/health-visiting-actions//

## Maternity and newborn

Early access to antenatal care promotes greater choice for women and ensures they receive the right care at the right time, helping to tackle the negative impact of health inequalities from the start and improve the health and wellbeing of mother and baby.

The performance standard for the percentage of women having an assessment of their health and social care needs, risks and choices by 12 weeks and six days of pregnancy is 90 percent. The latest data indicates performance is being maintained above the standard. 92.8 percent of women who gave birth in Q1 saw a maternity healthcare professional within 12 weeks and six days of pregnancy. The figure is comparable to Q4 2011/12 when 94.7 percent of women who gave birth had an assessment within the specified time period.

## Breastfeeding

Breastfeeding is good for babies and mothers and it is encouraging to see another increase in the number of women starting to breastfeed. We have set our commitment to support breastfeeding through the Healthy Child Programme. The breastfeeding initiation rate was 74.0 percent in Q1 2012/13, the same as the annual percentage for 2011/12 and slightly higher than 2010/11 (73.7 percent). The prevalence of breastfeeding at six to eight weeks in Q1 2012/13 was 46.9 percent of infants due a six to eight week check, a slight increase on the figure of 46.3 percent recorded in Q1 2011/12.

## Smoking[24]

The latest figures show an increase across all measures for people accessing and successfully quitting with NHS Stop Smoking services in England, compared to the same period in previous years. The latest data covers the full year 2011/12, although the data is provisional and subject to the usual end-of-year revisions following validation.

816,444 people set a quit date through NHS Stop Smoking services, an increase of 3.7 percent (28,917) on the final figure for the same period in 2010/11 (787,527), and an increase of 7.7 percent (58,907) on the final figure for the same period in 2009/10 (757,537).

At the four week follow-up 400,955 people had successfully quit (based on self-report), 49 percent of those setting a quit date. This is an increase of 4.5 percent (17,407) on the final figure for the same period in 2010/11 (383,548), and an increase of 7.2 percent (27,001) on the final figure for the same period in 2009/10 (373,954).

72 percent of successful quitters at the four week follow-up had their results confirmed by carbon monoxide verification. This percentage was 70 percent based on final figures for the same period in 2010/11 and 69 percent based on final figures for the same period in 2009/10. This demonstrates an improvement in the quality of services provided as it is recommended that services validate their quit rates this way.

Of the 26,080 pregnant women who set a quit date, 11,623 successfully quit at the four week follow-up (45 percent). This compares to 21,839 setting a quit date and 9,864 (45 percent), successfully quitting in the same period 2010/11.

Total expenditure on NHS Stop Smoking services was £88.2 million, an increase of 4.6 percent (£3.9 million) on the final figure for the same period in 2010/11 (£84.3 million) and an increase of 5 percent (£4.4 million) on the final figure for the same period in 2009/10 (£83.9 million). The cost per quitter was £220 compared with £220 based on final figures for the same period in 2010/11 and £224 based on final figures for the same period in 2009/10. These figures do not include expenditure on pharmacotherapies.

Among SHAs, NHS Yorkshire and the Humber reported the highest proportion of successful quitters (53 percent), while NHS North East and NHS North West reported the lowest success rate (45 percent).

Among PCTs, Leeds PCT reported the highest proportion of successful quitters (71 percent), while Blackpool PCT reported the lowest success rate (34 percent).

24 http://smokefree.nhs.uk/

# Screening

## VTE (venous thromboembolism) risk assessment

Of the 3.3 million adult patients admitted to NHS-funded acute care between April and June 2012, 93.4 percent of these received a VTE risk assessment on admission, a slight increase compared to Q4 2011/12 (92.5 percent). This means that the NHS has exceeded the national goal of 90 percent for three consecutive quarters and for the first time, all SHAs have achieved over 90 percent performance.

275 providers (out of 309 providers who submitted data), reported that at least 90 percent of adult admissions to hospital were risk assessed for VTE, compared to 240 in March 2012, 223 in December 2011, and 18 in July 2010 when the collection first began.

## Breast screening

The NHS Operating Framework 2012/13 states NHS organisations should continue working to meet the expectations in service specific outcomes strategies that have been published, including those for cancer. The Cancer Outcomes Strategy[25] states that all screening services should take part in the breast screening randomisation project and that full roll-out to all women aged 47 to 49 and 71 to 73 is expected to be completed after 2016.

Latest data for June 2012 shows that 52 out of 80 local programmes (65 percent) have implemented the extension randomisation project (screening women aged 47 to 49 or 71 to 73, depending on the randomisation protocol). This is an increase of 44 percent since the programme began in November 2010.

While the pace of implementation has slowed recently, the Department will continue to work with NHS cancer screening programmes to improve the uptake of and conversion to digital mammography and to make sure local programmes are able to begin the age extension randomisation as soon as possible.

## Cervical screening test results

The NHS Operating Framework 2012/13 states NHS organisations should continue to work to meet the expectations in service specific outcomes strategies that have been published, including cancer outcomes strategy standards.

As recommended by the Advisory Committee on Cervical Screening, the operational standard for women receiving their results within 14 days has been set at 98 per cent. At the end of June 2012, the percentage of women receiving their results within 14 days was 95.7 per cent, a slight decrease from the figure of 98.1 per cent at the end of Q4 2011/12.

The picture for Q1 was complicated by the unique distribution of bank holidays and school half-term holidays, which impacts on NHS activity patterns. The Department would expect figures to improve over the coming months to meet the operational standard for 2012/13.

## Bowel screening

From 23 August 2010, all 153 PCTs in England were offering bowel cancer screening to people in the 60 to 69 years age range who are registered with a GP. This completed the initial roll-out of the NHS bowel cancer screening programme (BCSP) across England. By the end of June 2012, nearly 15 million kits (14,973,335) had been sent out, and over 8 million (8,472,765) returned. Over 13,000 (13,059) cancers had been detected, and over 65,000 (66,957) patients had undergone polyp removal. Men and women over the age limit can request a testing kit every two years, and over 180,000 (181,503) have self-referred for screening so far.

The NHS BCSP is currently being extended to men and women aged 70 up to their 75th birthday. The NHS Operating Framework 2011/12 states that the extensions begun in 2010/11 should have continued and been maintained for 2011/12. Centres whose end of original two-year screening round was in 2011/12 should have implemented the extension on completion of the original round. Those whose end of original round falls beyond 2011/12 should prepare to expand on completion of the original round. The NHS Operating Framework 2012/13 states that NHS organisations should continue to work to meet the expectations in service specific outcomes

25 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123371

strategies that have been published, including cancer. In addition, all deadlines for the full roll-out of programmes highlighted in previous NHS Operating Frameworks should be completed within the established timescale.

As at June 2012, 38 of the 58 local screening centres (68 percent) had implemented the extension. When the extension is fully rolled out, around 1 million more men and women will be screened each year.

The number of local bowel screening centres inviting the older age group up to their 75th birthday has slowed due to issues with endoscopy capacity. Those PCTs that began the original programme later will not begin the age extension until later in 2012/13.

### Diabetic retinopathy

At Q1, 98.5 percent of people with diabetes were offered screening for diabetic retinopathy during the previous 12 months, a decrease of 0.5 percent on the previous quarter.

However, this is in the context of an ever increasing number of people with diabetes. Latest figures for Q1 show that the number of people offered screening in the previous 12 months has actually increased this quarter from 2.36 million at Q4 to 2.39 million. The slight dip in the percentage figure in Q1 is due to the number of people with diabetes rising from 2.59 million at Q4 to 2.62 million at Q1. When the screening programme was introduced in 2003, the number of people with diabetes stood at 1.3 million.

The majority of PCTs continue to offer screening to all people with diabetes and it remains the case that more people with diabetes are being offered screening for retinopathy than ever before, and to higher standards. England (alongside other UK countries) leads the world in this area – this is the first time a population-based screening programme for diabetic retinopathy has been introduced on such a large scale. However, there are still some organisations that are not offering screening to everyone with diabetes. The Department is working closely with partners in the NHS Diabetic Eye Screening Programme to further improve the standards, quality and coverage of screening programmes across the country.

## Immunisation

Data available for Q4 2011/12 shows childhood immunisation uptake rates have increased since the previous quarter.

Data on vaccine uptake rates for early childhood vaccinations are collected at a child's first, second and fifth birthday. Of the 16 measurements taken on uptake for various vaccines, 13 show an increase compared with Q3, two show no change, and one (meningitis C at age one) shows a decrease of 0.1 percentage points.

The largest increases in vaccine uptake were for one dose of MMR vaccine by age two (from 91.5 percent to 92.0 percent), two doses of MMR vaccine by age five (from 86.2 percent to 86.9 percent), the Hib/MenC booster by age five (from 90.0 percent to 90.7 percent) and the PCV booster by age five (from 86.9 percent to 88.0 percent).

MMR uptake in England has returned to levels not seen since 1998 when vaccination rates dipped following the publication of the discredited Wakefield research. MMR uptake (one dose by age two) exceeds 90 percent in all SHA areas except London, where it is 86.2 percent but demonstrating a strong upward trend. Vaccine uptake rates are lowest in London, but the rate of improvement is greatest in this area. Therefore, the gap with the rest of England is steadily narrowing.

The latest available data for Q4 2011/12 relating to England is available from the Health Protection Agency[26].

## NHS health checks

The NHS Operating Framework 2012/13 includes a performance measure for the NHS health check programme to support the full roll-out of the service in 2012/13.

Data for Q1 shows that 587,500 people, or 3.8 percent of the estimated 15 million people eligible for the programme, were offered an NHS health check. This compares favourably with 2.7 percent of the eligible population who were offered a check in Q1 2011/12 and shows local areas are continuing to make progress in the implementation of their programmes.

26 http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1211441442288

Reform

# Choice

## Patient choice

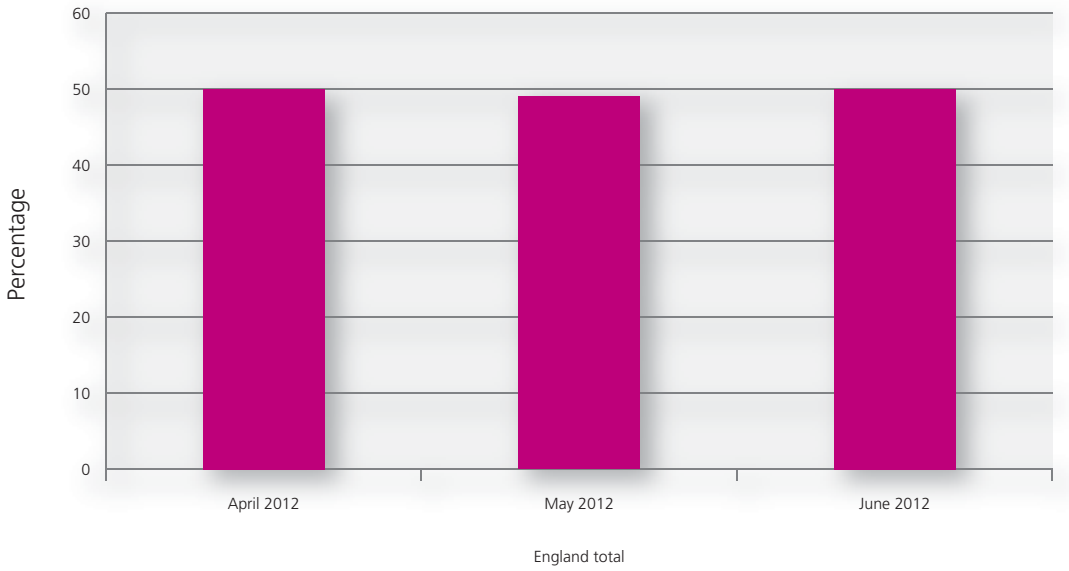
Indicators suggest the take-up of patient choice, where it is offered, is slowly improving. The Choose and Book system is being used to a high level in most areas.

Three separate measures are used to assess whether choice is being offered by referrers, using the Choose and Book system, to refer patients for first consultant outpatient services.

## Proportion of GP referrals to first outpatient appointments booked using Choose and Book

Choose and Book utilisation remained relatively stable over the quarter. The overall utilisation rate was 50 percent in June 2012, based on outturn GP referrals to first outpatient appointments, which was slightly higher than the May figure of 49 percent. During June 2012, 91 percent of all GP practices made some bookings through Choose and Book, but there is significant variation in level of usage between practices. Choose and Book is also used for an additional 180,000 referrals per month to other services, which include allied health professionals, GPs with special interests and assessment services. This represents a steady increase in bookings through Choose and Book to services other than first outpatient services.

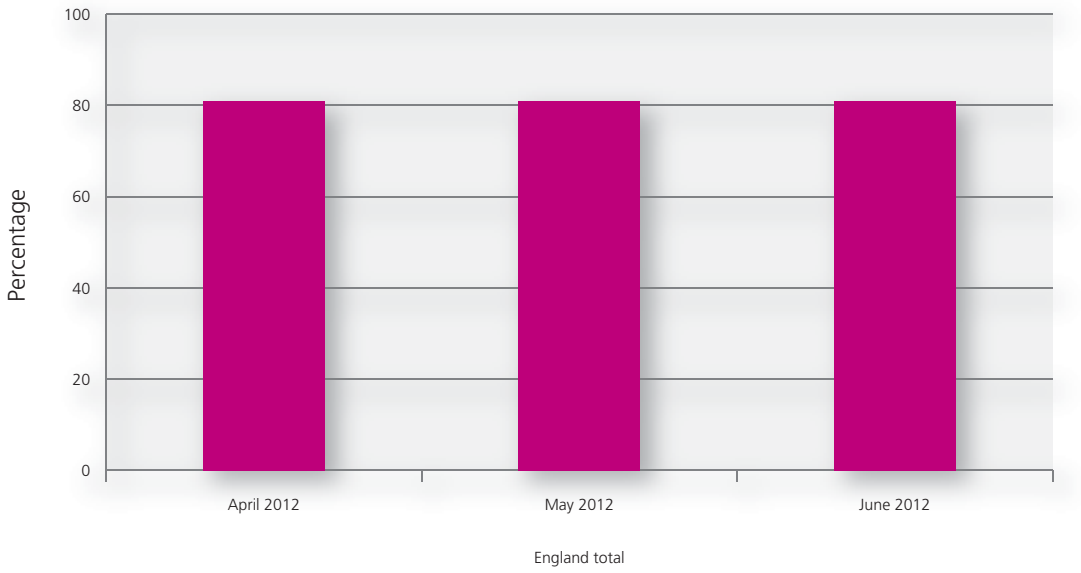
**Figure 33: Proportion of GP referrals to first outpatient appointments booked using Choose and Book**



## Bookings to services where named consultant-led team was available

The Department released contract guidance in October 2011 to support providers and commissioners in England when implementing choice of a named consultant-led team for a first consultant-led outpatient appointment for elective care, where clinically appropriate. Included within the NHS standard contracts for 2012/13 is a requirement for providers to comply with choice guidance issued by the Department. Provider organisations are continuing to add named consultants against specified Choose and Book services. Latest reports indicate the percentage of secondary care first outpatient bookings made through Choose and Book to services where named clinicians are available, even if not selected, has increased slightly to 81 percent at the end of Q1, in line with the pattern of steady increases over previous months. The variation in this measure ranges from 89 percent in North West and West Midlands SHA areas to 74 percent in the London SHA area.

**Figure 34: Bookings to services where national consultant-led team was available (even if not selected)**

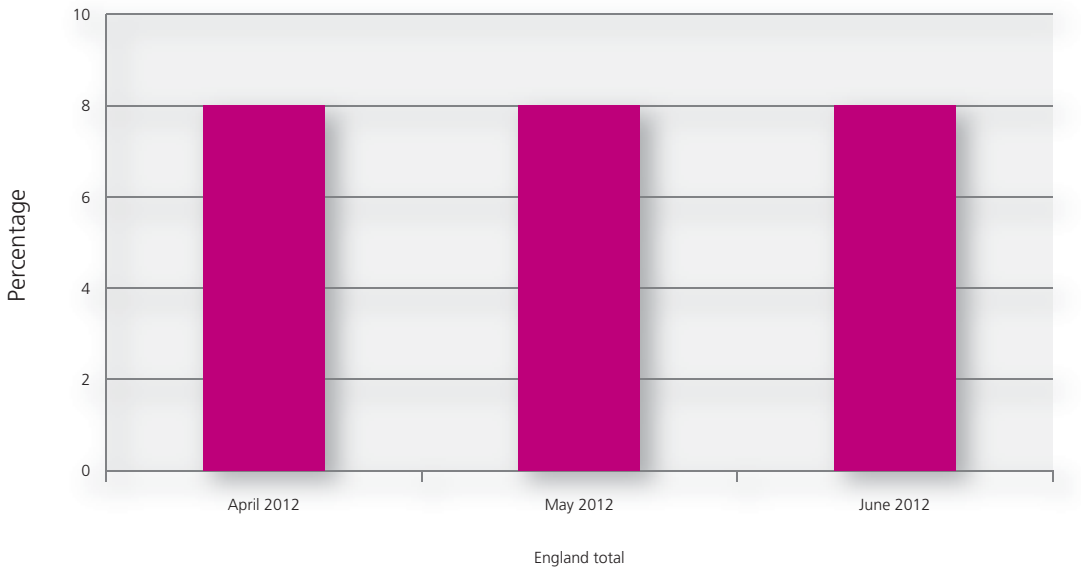



## Trend in volume of patients being treated at non-NHS hospitals

Patients should have the opportunity to choose from a range of providers for their first outpatient appointment, including those in the independent sector. This indicator shows a percentage of patients who have exercised choice, since it is likely that an alternative NHS provider was also offered to them.

An increasing percentage of Choose and Book bookings made to the independent sector may indicate more choice being offered to patients. This indicator should also be considered in conjunction with the system indicator, Use of Choose and Book. Relatively high percentages of Choose and Book bookings made to the independent sector may not indicate what is happening overall, if Choose and Book utilisation is low.

**Figure 35: Proportion of patients being treated at non-NHS hospitals**




## Improving people's electronic access to services and their own health and care records

The Information Strategy for Health and Adult Social Care, The Power of Information: Putting us all in control of the health and care information we need, published on 21 May 2012[27], sets out a vision in which being able to access and share our own records can help us take part in decisions about our own care in a genuine partnership with professionals. It states that by 2015, all general practices will be expected to make available electronic booking and cancelling of appointments, ordering of repeat prescriptions, communication with the practice and access to records to anyone registered with the practice.

From April 2013, general practices that provide online access to records and other transactional services will be shown on the NHS Choices website (or its successor national online portal).

In previous quarters, we have reported on the number of general practices with functionality for patients to access their full medical records online and how many had this functionality enabled. We also reported on the number of practices that have functionality enabled so patients can request repeat medication and manage their own appointments, all of the above setting the baseline for this data going forward.

Figures from previous quarters show that uptake of electronic access by general practices has been slow and the number of practices with functionality has not changed significantly from the end of 2011. It is clear that further progress needs to be made to improve NHS performance on improving patient's electronic access to services and their own health and care records.

The Department expects to see GP practices increasingly implementing this functionality and offering this service. To realise this opportunity where it exists, GP practices that can already provide online access are encouraged to do so as soon as possible, moving towards 100 percent enabled functionality by the end of this Parliament.

The NHS IC has developed new data collection for quarterly reporting on this indicator during 2012/13, requiring the collation and validation of complex data. The initial collection identified issues with data quality and completeness which are now being addressed. Comprehensive data will now be available in November 2012 and thereafter on a quarterly basis.

27 http://www.dh.gov.uk/health/2012/05/information-strategy/

## Summary Care Record (SCR)[28]

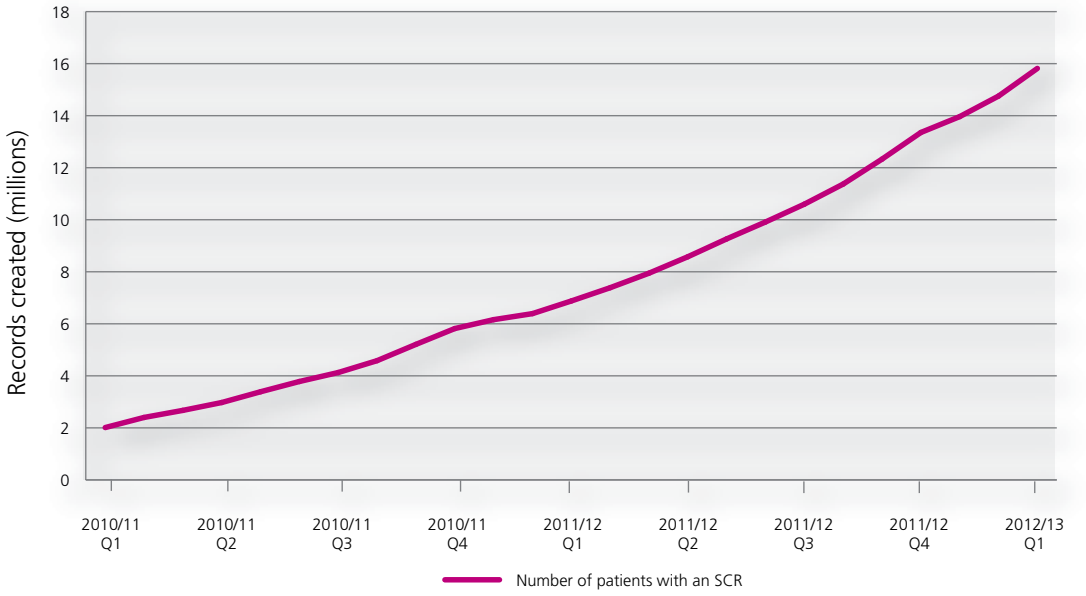
The SCR provides the minimum information required to support safe patient care in urgent or emergency situations. Patients can choose to opt out of having an SCR and will be asked for their permission before their SCR is viewed.

More records are now being accessed and local health communities are actively demonstrating how the SCR is delivering improvements to patient care. Leeds Teaching Hospitals NHS Trust has found that using the SCR dramatically reduced the time taken to complete drug reconciliations, providing a faster and safer service to patients. Crucially, the time taken to complete reconciliations was reduced on average from 35 minutes to 19. This represents a 55 percent reduction in the time spent undertaking drug histories and medicines reconciliations.

In Q1, approximately 2.5 million new SCRs were created for patients, taking the total to 15.8 million. This period also saw the highest ever weekly viewings of the SCR, with over 3,350 accesses by health care professionals using the SCR to support safe treatment and care. The average weekly viewing figures in this period increased to 2,200. In addition, six PCTs began creating records for their patients meaning a total of 99 PCTs have now created records for patients in 2,315 GP practices. The number of PCTs with a critical mass of over 60 percent of patients with an SCR increased by five to a total of 24 in Q1. Over 39.7 million citizens have now been written to about the introduction of the SCR and their options, with the NHS Operating Framework requiring that the patients that have been written to about SCRs have a record created by March 2013 at the latest.

Performance has significantly improved and the programme needs to maintain these efforts to ensure that commitments in the NHS Operating Framework 2012/13 are met.

**Figure 36: Number of summary care records created**




28 http://www.connectingforhealth.nhs.uk/systemsandservices/scr

# Provision

At the end of Q1 2012/13, 102 NHS trusts remained in the pipeline, with 144 FTs now authorised. The expectation remains for the majority of NHS trusts to achieve FT status by 2014, as stand-alone organisations, as part of an existing FT, or in some other organisational form.

It has been agreed that NHS trusts will only have planned authorisation dates post-April 2014 with a nationally agreed plan, which may include new management arrangements. This has contributed to the increased grip and momentum on the pipeline.

A range of actions continue to be taken to support the delivery of the FT pipeline. These include:

- solutions to support the small number of NHS trusts with intractable financial issues which would prevent them meeting the viability requirements of the FT assessment process. These include support where PFI affordability and legacy debt are issues beyond local recovery
- the Board Governance Assurance Framework to support NHS trust boards through a combination of self and independent assessment processes, to make sure they are appropriately skilled and prepared to be assessed for and operate effectively with the increased autonomy of FT status
- the facilitation of solutions for NHS trusts who will not achieve FT status in their current organisational form, including mergers and acquisitions with other NHS partners
- use of the unsustainable provider regime (UPR) for NHS trusts which are not viable and where no other realistic solution is available.

The use of the UPR is a particularly important development to the delivery of the FT pipeline and signals that where necessary progress is not being made to establish clinically and financially sustainable provision of high quality healthcare services, radical solutions will be found. The UPR provides a transparent and robust process to effect a rapid resolution of problems within significantly challenged NHS organisations and provides a powerful lever in the event of failure to deliver against plans to achieve FT status.

On 1 June 2012, the NHS TDA was established, creating for the very first time an organisation that will provide leadership for quality, support for strong management and a governance structure tailored specifically to help develop NHS trusts on their journey to FT status.

With oversight of 102 NHS trusts that provide services ranging from acute hospital-based care, through to community and mental health services, the main focus of the NHS TDA will be to help each NHS trust secure sustainable, high quality services for the patients and communities they serve.

As an independent organisation, the NHS TDA will work closely with other important national bodies such as the NHS CB, the Care Quality Commission and Monitor to help to ensure they play an important role in providing broader health system leadership to deliver sustainable, high quality care.

In June, the NHS TDA held the inaugural meeting of the Board to agree the sign-off of a suite of governance documents required for legal establishment.

On 29 June the NHS TDA hosted its first conference allowing all NHS trust chairs and chief executives the chance to learn more about the emerging shape of the NHS TDA and to contribute their thoughts and ideas to the operating model that will underpin all that will be done moving forward. At the conference, the appointments of Ralph Coulbeck as Director of Strategy and Bob Alexander as Director of Finance were announced.

# Commissioning

Commissioning development is a key part of the Health and Social Care reforms, focusing on the design, development and establishment of CCGs and commissioning support units (CSUs), making sure enabling tools are in place to allow the new commissioning system to flourish.

The programme has made good progress in Q1 with particular focus on the following:

## NHS Commissioning Board

The NHS CB was successfully established as an executive non-departmental public body on 1 October 2012, in preparation for taking on its full responsibilities from April 2013. Many of the senior posts that will lead the organisation have already been appointed and news of the successful candidates is regularly updated on the NHS CB website.[29]

Confirmation of plans for a small number of national clinical networks to improve health services for specific patient groups or conditions were announced in July 2012. Called 'strategic clinical networks'[30], these organisations will build on the success of network activity in the NHS which has led to significant improvements in the delivery of patient care. The networks will be hosted and funded by the NHS CB and the conditions or patient groups chosen for the first strategic clinical networks are:

- cancer
- cardiovascular disease (including cardiac, stroke, diabetes and renal disease)
- maternity and children's services
- mental health, dementia and neurological conditions.

New arrangements for local health emergency preparedness, resilience and response will commence from 1 April 2013, as part of changes the Health and Social Care Act 2012 makes to the health system. A key feature of the new arrangements is the formation of local health resilience partnerships.

These partnerships will provide strategic forums for joint planning for emergencies for the new health system and will support the health sector's contribution to multi-agency planning through local resilience forums. They are not statutory organisations and accountability for emergency preparedness and response remains with individual organisations.

## Clinical commissioning groups

Work on the underpinning frameworks and rules for CCGs continues. The Health and Social Care Act 2012 sets out the high-level framework for the establishment of CCGs and provides for regulations to set out more specific provisions. The NHS (Clinical Commissioning Groups) Regulations 2012 were laid in Parliament on 26 June 2012 and make provision for the membership, names, establishment and governance of CCGs, as well as setting out the updated functions of CCG's key duties and powers.

In May 2012, the NHS CB confirmed the proposed configuration of CCGs and 35 CCG applications were received on 2 July 2012 as part of the first wave to authorisation. Profiling and configuration of waves two to four have been agreed and can be located on the NHS CB website.[31]

The authorisation process for CCGs remains on schedule, with receipt on 3 September 2012 of applications from CCGs in wave two. All 67 proposed CCGs in the second wave have submitted their applications to the NHS CB, which is responsible for supporting the development of CCGs as they move through authorisation. The site visits to the 35 CCGs in authorisation wave one began on 4 September with NHS North Staffordshire CCG and continued throughout the month.

During the first quarter, a nationally procured assessment centre has been running for anyone who is interested in coming forward for one of the three specified leadership roles in CCGs: the chair of the governing body, the accountable officer or chief finance officer. The outputs of the assessment centre are being used by

29 http://www.commissioningboard.nhs.uk/appointments/

30 http://www.commissioningboard.nhs.uk/2012/07/26/strat-clin-networks/

31 http://www.commissioningboard.nhs.uk

CCGs to support their selection decisions for these key roles. Final appointments for the accountable officer role, whether clinical or managerial, will be made by the NHS CB as part of the authorisation process.

The CCG learning and support tool provides access to the development resources that meet current learning needs and which every proposed CCG can expect to be able to access during 2012/13. It is designed to support CCGs as they prepare for authorisation, the clinical leadership of commissioning and their development beyond authorisation. During Q1, the web tool was refreshed to capture the development informed by work undertaken with proposed CCGs and national primary care organisations. The learning and support web tool is on the NHS CB website.[32]

During Q1, the CCG team has also published support documents relating to CCG authorisation including a two-part guide to the CCG authorisation assessment process:

- 'CCG authorisation: Draft guide for assessors participating in site visits'[33] which is a follow-on to 'CCG authorisation: Draft guide for assessors undertaking desktop review'[34] and is also intended to accompany 'CCG authorisation: a draft guide for applicants'[35]
- 'CCG authorisation: Supplement for assessors reviewing CCG commissioning support arrangements'[36]
- Frequently asked questions (FAQs) on authorisation[37]
- A new framework has also been published on collaborative commissioning.[38]

## Delegated budgets

The delegation of eligible commissioning budgets to emerging CCGs as part of the integrated performance measures of the NHS Operating Framework takes place as part of the broader transfer of decision-making responsibilities from PCTs and SHAs and the overall design of CCG governance structures.

Progress against the delegation of eligible commissioning budgets has been used as an indicator, highlighting any issues CCGs might have around commissioning and financial management and provides CCGs with the opportunity to build a 'track record' in advance of them formally taking on their commissioning responsibilities and becoming statutory organisations from 1 April 2013. Until this point, PCT and SHA cluster chief executives retain responsibility and accountability for commissioning budgets.

NHS North of England and NHS South of England had both delegated 100 percent of budgets applied for by CCGs by the end of Q4 2011/12. In Q1 2012/13, NHS Midlands and East also achieved 100 percent and NHS London achieved 99 percent. NHS North of England and NHS South of England remain at 100 percent.

## Commissioning support

During Q1, the commissioning support team facilitated the second part of the commissioning support service (CSS) assurance process, checkpoint two. 23 CSUs have been cleared to progress to checkpoint three, which takes place in Q2.

The recruitment process for CSS managing directors began in Q1, with ten initial appointments made from a ring-fenced pool, and further appointments progressing in Q2.

## Commissioning enablers

The code of conduct guidance was published on 2 July 2012, which sets out additional safeguards that CCGs will be advised to use when commissioning services for which GP practices could be potential providers.

32 http://www.commissioningboard.nhs.uk/resources/resources-for-ccgs/learning-support/
33 http://www.commissioningboard.nhs.uk/files/2012/07/site-visit-guide.pdf
34 http://www.commissioningboard.nhs.uk/files/2012/05/Assessors_guide_FINAL_310512.pdf
35 http://www.commissioningboard.nhs.uk/files/2012/04/ccg-auth-app-guide.pdf
36 http://www.commissioningboard.nhs.uk/files/2012/08/cmsng-support.pdf
37 http://www.commissioningboard.nhs.uk/files/2012/08/app-guide-faq.pdf
38 http://www.commissioningboard.nhs.uk/files/2012/03/collab-commiss-frame.pdf

## Going forward

14 November 2012 will see the launch and first annual national event of the NHS Commissioning Assembly. Sir David Nicholson and a group of CCG leaders are inviting the clinical lead (the clinical chair or chief clinical officer) from every CCG to attend. The assembly will be the collective commissioning leadership for England, bringing together leaders responsible for NHS commissioning decisions to create shared leadership for the healthcare system, and to deliver a shared work programme to improve outcomes for patients. The initiative includes the annual national event and several proposed working groups. Members will be the current clinical lead from each CCG in England, plus directors from across the NHS CB, and local area team directors.

CCGs will be asked to deliver improvements in quality for their patients across the five domains of the NHS Outcomes Framework. NICE and the NHS IC have published their recommendations[39] on those health care measures that can be used as indicators of how well CCGs are doing in each domain. The NHS CB will now work with CCGs and other stakeholders to establish how these can be used to support planning and assurance.

All current CSUs will proceed to be hosted by the NHS CB. The decision was taken following checkpoint two of the business review process, where the number of CSUs reduced to 23, and subsequent evaluation made it clear each is viable in terms of scale. The NHS Commissioning Board Authority and NHS Business Services Authority (NHS BSA) agreed that the NHS BSA will provide an employment partnership service for CSU staff during the hosting period up to 2016. This means the NHS CB will host (provide oversight and direction to) CSUs, while the NHS BSA will be the legal employer of CSU staff.

This decision will also ensure there is stability and continuity for CCGs as they prepare for and progress through the authorisation process, and as they carry out the procurement of their choice of commissioning support from April 2013.

No CSUs will now be stopped at checkpoint three, although this does not rule out further size variation or adjustment to configurations as a result of the assurance process. Instead, the focus will be on making sure all CSUs are as good as they can be by April 2013.

# Public health

The transformation of the delivery of public health is part of the wider changes the Government set out under the Health and Social Care Act 2012. 'Healthy Lives Healthy People: our strategy for public health in England'[40] published in November 2010, set out the Government's vision for a new public health system, putting local government and local communities at the heart of improving health and wellbeing for their populations and tackling inequalities.

The NHS Operating Framework 2012/13 requires PCT clusters to work with local authorities to develop the vision and strategy for their new public health role. They are preparing local systems for the new commissioning arrangements and ensuring new clinical governance systems are in place. In addition, new arrangements for emergency planning, resilience and response are being tested and plans made for the formal transfer of staff into new organisations.

2012/13 is a crucial year for the transition of public health responsibilities to local authorities and the Department is working alongside the Local Government Association and PCT and SHA clusters, as well as the NHS CB to make sure this process is as smooth as possible. The Department will build on the strength of the relationships that have already been developed to make sure that, moving forward, the delivery of public health in the new structure is robust, secure and builds on the good practice that is already in place.

39 http://www.nice.org.uk/aboutnice/cof/cof.jsp

40 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941

Public Health England will have a role in supporting the new public health system in conjunction with local partners. While, like other organisations, it does not officially come into being until April 2013, many practical steps are already being undertaken to make sure this transition period is fully utilised, and the Chief Executive Designate of Public Health England, Duncan Selbie, is already in post. In many areas of the country, public health teams are already co-located within local authorities or are planning to be in the near future, and the majority have agreed where the local Director of Public Health (and proposed reporting arrangements) will sit in the new structure. PCT clusters are already delegating powers relating to public health to local authorities to promote shadow-working during this transition year, and good progress is being made in the key areas of HR and workforce.

Local directors of public health will have a vital role to play as key health advisors for local authorities and, with statutory positions on health and wellbeing boards, will promote collaboration and joined-up delivery of services. During this transition period, local directors are helping to ensure that arrangements put in place are robust, undertaking a key role in ensuring public health services and programmes are transferred appropriately.

Health and wellbeing boards are already beginning to come together in shadow form in preparation for taking on their new responsibilities from April 2013. They will provide strategic leadership, strengthen the influence of local authorities and elected representatives in shaping healthcare commissioning, and will support partnership working and integrated commissioning across the NHS, public health and social care.

During the remainder of 2012/13, the Department will continue to work with local authorities and PCT clusters on their plans for the implementation of the new system over this transition period. Working together, PCT clusters and local authorities will need to:

- test arrangements for the role of public health in emergency planning, in particular the role of the director of public health and local authority based public health by October 2012
- ensure an early draft of legacy and handover documents is produced by October 2012
- have agreed, workable information governance arrangements in place that will ensure public health teams have access to the information they need to carry out their duties from 1 April 2013, by end of December 2012
- ensure final legacy and handover documents are produced by January 2013.

The Department will continue to hold the NHS to account for robust planning and delivery against NHS Operating Framework milestones, with full recognition that strong leadership from local government will be necessary to ensure a smooth transition, as part of the shared ambition to create the new local public health system.

# Annex 1

## NHS North of England

| SHA and PCT name | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Annual accounts surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn revenue resource limit (RRL) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| County Durham PCT | 1,020 | 1,016 | 1,008 | 1,000 | 1,040,510 | 0.1% |
| Darlington PCT | 301 | 315 | 316 | 300 | 191,737 | 0.2% |
| Gateshead PCT | 504 | 192 | 35 | 300 | 402,405 | 0.1% |
| Hartlepool PCT | 125 | 100 | 100 | 100 | 190,626 | 0.1% |
| Middlesbrough PCT | 278 | 600 | 600 | 600 | 305,796 | 0.2% |
| Newcastle PCT | 945 | 258 | 314 | 500 | 521,410 | 0.1% |
| North East SHA | 72,036 | 64,754 | 59,319 | 55,450 | 337,788 | 16.4% |
| North Tyneside PCT | 475 | 355 | 380 | 250 | 398,777 | 0.1% |
| Northumberland Care PCT | 220 | 1,370 | 319 | 250 | 587,173 | 0.0% |
| Redcar and Cleveland PCT | 513 | 150 | 150 | 150 | 270,482 | 0.1% |
| South Tyneside PCT | 1,819 | 460 | 542 | 300 | 330,204 | 0.1% |
| Stockton-on-Tees Teaching PCT | 424 | 400 | 400 | 400 | 337,903 | 0.1% |
| Sunderland Teaching PCT | 845 | 382 | 976 | 400 | 576,453 | 0.1% |
| **North East subtotal SHA/PCTs** | **79,505** | **70,352** | **64,459** | **60,000** | **5,491,264** | **1.1%** |

| SHA and PCT name | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Annual accounts surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn revenue resource limit (RRL) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Ashton, Leigh and Wigan PCT | 640 | 1,900 | 2,726 | 2,807 | 594,476 | 0.5% |
| Blackburn with Darwen PCT | 717 | n/a | n/a | n/a | n/a | n/a |
| Blackburn with Darwen Teaching Care Trust Plus PCT (1) | n/a | 1,373 | 1,376 | 1,413 | 303,104 | 0.5% |
| Blackpool PCT | 2,532 | 1,392 | 1,399 | 1,441 | 316,050 | 0.5% |
| Bolton PCT | 996 | 983 | 992 | 1,000 | 508,938 | 0.2% |
| Bury PCT | 413 | 236 | 253 | 750 | 325,831 | 0.2% |
| Central and Eastern Cheshire PCT | 1,007 | 1,501 | 3,474 | 3,547 | 750,798 | 0.5% |
| Central Lancashire PCT | 3,030 | 1,632 | 3,662 | 3,762 | 807,754 | 0.5% |
| Cumbria Teaching PCT | 229 | (5,926) | 4,195 | 2,000 | 910,453 | 0.2% |
| East Lancashire Teaching PCT | 1,021 | 3,336 | 3,324 | 3,424 | 716,126 | 0.5% |
| Halton and St Helens PCT | 295 | 500 | 500 | 2,689 | 621,561 | 0.4% |
| Heywood, Middleton and Rochdale PCT | 579 | 1,933 | 2,155 | 1,950 | 411,648 | 0.5% |
| Knowsley PCT | 576 | 1,610 | 1,617 | 1,650 | 352,529 | 0.5% |
| Liverpool PCT | 5,287 | 14,768 | 9,204 | 4,941 | 1,062,373 | 0.5% |
| Manchester PCT | 481 | 347 | 1,293 | 3,256 | 1,069,113 | 0.3% |
| North Lancashire Teaching PCT | 1,565 | 2,200 | 2,200 | 2,844 | 598,987 | 0.5% |
| North West SHA | 157,339 | 175,418 | 215,124 | 211,973 | 945,958 | 22.4% |
| Oldham PCT | 1,381 | 1,000 | 2,015 | 2,075 | 441,448 | 0.5% |
| Salford PCT | 993 | 2,319 | 2,180 | 2,328 | 505,258 | 0.5% |
| Sefton PCT | 498 | 2,500 | 2,548 | 2,624 | 554,623 | 0.5% |
| Stockport PCT | 231 | 350 | 695 | 917 | 489,855 | 0.2% |
| Tameside and Glossop PCT | 980 | 1,000 | 1,000 | 1,000 | 446,389 | 0.2% |
| Trafford PCT | 534 | 1,500 | 701 | 1,900 | 388,879 | 0.5% |
| Warrington PCT | 222 | 250 | 500 | 1,588 | 336,148 | 0.5% |

| SHA and PCT name | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Annual accounts surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn revenue resource limit (RRL) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Western Cheshire PCT | 1,279 | 985 | 1,966 | 2,033 | 500,101 | 0.4% |
| Wirral PCT | 2,047 | 2,031 | 2,001 | 3,088 | 659,156 | 0.5% |
| **North West subtotal SHA/PCTs** | **184,872** | **215,138** | **267,100** | **267,000** | **14,617,556** | **1.8%** |

| SHA and PCT name | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Annual accounts surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn revenue resource limit (RRL) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Barnsley PCT | 3,461 | 3,395 | 2,953 | 3,500 | 487,028 | 0.7% |
| Bassetlaw PCT (2) | n/a | n/a | 1,680 | 1,700 | 203,381 | 0.8% |
| Bradford and Airedale Teaching PCT | 7,550 | 6,680 | 8,165 | 7,500 | 946,908 | 0.8% |
| Calderdale PCT | 2,679 | 4,224 | 3,468 | 3,600 | 363,851 | 1.0% |
| Doncaster PCT | 4,177 | 2,691 | 2,688 | 2,250 | 589,222 | 0.4% |
| East Riding of Yorkshire PCT | 3,684 | 5,185 | 5,197 | 5,200 | 513,985 | 1.0% |
| Hull Teaching PCT | 3,820 | 3,714 | 3,113 | 19,400 | 558,247 | 3.5% |
| Kirklees PCT | 2,928 | 7,900 | 8,239 | 6,600 | 699,882 | 0.9% |
| Leeds PCT | 5,002 | 20,124 | 25,086 | 23,200 | 1,403,027 | 1.7% |
| North East Lincolnshire Care Trust Plus (3) | 2,222 | 2,181 | 1,783 | 1,400 | 298,411 | 0.5% |
| North Lincolnshire PCT | 1,249 | 3,693 | 1,998 | 2,000 | 276,836 | 0.7% |
| North Yorkshire and York PCT | 317 | 242 | 209 | (19,000) | 1,232,395 | (1.5%) |
| Rotherham PCT | 2,042 | 2,192 | 2,196 | 2,200 | 468,539 | 0.5% |
| Sheffield PCT | 4,479 | 499 | 489 | 500 | 1,022,723 | 0.0% |
| Wakefield District PCT | 7,388 | 3,095 | 3,074 | 3,100 | 657,385 | 0.5% |
| Yorkshire and the Humber SHA | 133,982 | 121,052 | 118,177 | 125,902 | 710,514 | 17.7% |
| **Yorkshire and the Humber subtotal SHA/PCTs** | **184,980** | **186,867** | **188,515** | **189,052** | **10,432,334** | **1.8%** |
| **NHS North of England total SHA/PCTs** | **449,357** | **472,357** | **520,074** | **516,052** | **30,541,154** | **1.7%** |

| Trust name | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Annual accounts surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn turnover £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| North East Ambulance Service NHS Trust (4) | 4,736 | 3,120 | 2,312 | n/a | n/a | n/a |
| Northumberland, Tyne and Wear NHS Trust (5) | 5,296 | n/a | n/a | n/a | n/a | n/a |
| South Tees Hospitals NHS Trust (6) | 131 | n/a | n/a | n/a | n/a | n/a |
| **North East subtotal trusts** | **10,163** | **3,120** | **2,312** | **0** | **0** | **0.0%** |

| Trust name | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Annual accounts surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn turnover £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| 5 Boroughs Partnership NHS Trust (7) | 2,210 | n/a | n/a | n/a | n/a | n/a |
| Bridgewater Community Healthcare NHS Trust (8) | n/a | 388 | 1,804 | 1,702 | 167,647 | 1.0% |
| East Cheshire NHS Trust | 3,926 | 806 | 277 | 1,700 | 173,569 | 1.0% |
| East Lancashire Hospitals NHS Trust | 287 | 723 | 3,025 | 3,900 | 386,011 | 1.0% |
| Liverpool Community Health NHS Trust (9) | n/a | 2,654 | 3,530 | 3,123 | 141,536 | 2.2% |
| Liverpool Heart and Chest Hospital NHS Trust (10) | 1,827 | n/a | n/a | n/a | n/a | n/a |
| Manchester Mental Health and Social Care NHS Trust | 532 | (482) | 1,516 | 1,021 | 102,069 | 1.0% |
| Mersey Care NHS Trust | 3,000 | 7,359 | 5,000 | 4,000 | 203,829 | 2.0% |
| North Cumbria University Hospitals NHS Trust | 327 | 1,356 | 1,095 | 1,000 | 221,870 | 0.5% |
| North West Ambulance Service NHS Trust | 1,041 | 2,065 | 1,558 | 2,500 | 253,389 | 1.0% |
| Pennine Acute Hospitals NHS Trust | 620 | 259 | 3,553 | 5,700 | 558,799 | 1.0% |
| Royal Liverpool Broadgreen University Hospitals NHS Trust | 4,021 | 4,238 | 5,472 | 7,309 | 410,451 | 1.8% |
| Southport and Ormskirk Hospital NHS Trust | 500 | 853 | 204 | 1,700 | 176,331 | 1.0% |
| St Helens and Knowsley Teaching Hospitals NHS Trust | 225 | 296 | 305 | 2,742 | 269,502 | 1.0% |
| Wirral Community NHS Trust (11) | n/a | n/a | 717 | 900 | 63,904 | 1.4% |
| Trafford Healthcare NHS Trust (12) | (6,048) | 319 | 482 | n/a | n/a | n/a |
| University Hospitals of Morecambe Bay NHS Trust (13) | 2,126 | 305 | n/a | n/a | n/a | n/a |
| Walton Centre for Neurology and Neurosurgery NHS Trust (14) | 424 | n/a | n/a | n/a | n/a | n/a |
| **North West subtotal trusts** | **15,018** | **21,139** | **28,538** | **37,297** | **3,128,907** | **1.2%** |

| Trust name | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Annual accounts surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn turnover £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Airedale NHS Trust (15) | 605 | 49 | n/a | n/a | n/a | n/a |
| Bradford District Care Trust | 103 | 104 | 108 | 1,450 | 137,428 | 1.1% |
| Hull and East Yorkshire Hospitals NHS Trust | 7,601 | 4,701 | 4,878 | 5,911 | 478,124 | 1.2% |
| Humber Mental Health Teaching NHS Trust (16) | 1,351 | n/a | n/a | n/a | n/a | n/a |
| Leeds Community Healthcare NHS Trust (17) | n/a | n/a | 2,577 | 1,306 | 134,564 | 1.0% |
| Leeds Teaching Hospitals NHS Trust | 963 | 2,051 | 4,207 | 11,476 | 982,853 | 1.2% |
| Mid Yorkshire Hospitals NHS Trust | 871 | 983 | (19,217) | (26,000) | 434,450 | (6.0%) |
| Scarborough and North East Yorkshire Healthcare NHS Trust | 1,914 | 1,874 | 1,899 | 0 | 121,837 | 0.0% |
| South West Yorkshire Mental Health NHS Trust (18) | 569 | n/a | n/a | n/a | n/a | n/a |
| Yorkshire Ambulance Service NHS Trust | 518 | 237 | 428 | 1,975 | 200,749 | 1.0% |
| **Yorkshire and the Humber subtotal trusts** | **14,495** | **9,999** | **(5,120)** | **(3,882)** | **2,490,005** | **(0.2%)** |
| **NHS North of England total trusts** | **39,676** | **34,258** | **25,730** | **33,415** | **5,618,912** | **0.6%** |

**For foundation trusts the forecast position is only for the time when the organisation was an NHS trust**

1 Blackburn with Darwen Teaching Care Trust Plus PCT was formerly Blackburn with Darwen PCT pre-April 2010.

2 Bassetlaw PCT is being reported under the Yorkshire and the Humber SHA region from 1 April 2011. Prior to this, they were reported under the East Midlands SHA region.

3 North East Lincolnshire Care Trust Plus was formed following the dissolution of North East Lincolnshire PCT on 1 September 2007.

4 North East Ambulance Service Trust achieved foundation trust status on 1 November 2011.

5 Northumberland, Tyne and Wear NHS Trust achieved foundation trust status on 1 December 2009.

6 South Tees Hospitals NHS Trust achieved foundation trust status on 1 May 2009.

7 5 Boroughs Partnership NHS Trust achieved foundation trust status on 1 March 2010.

8 On 1 April 2011, Bridgewater Community Healthcare NHS Trust changed its name from Ashton, Leigh and Wigan Community Healthcare NHS Trust, which was established as an NHS trust on 1 November 2010, taking on the provider services of NHS Ashton, Leigh and Wigan.

9 Liverpool Community Health NHS Trust was established as an NHS trust on 1 November 2010 taking on the provider services of Liverpool Primary Care Trust.

10 Liverpool Heart and Chest Hospital NHS Trust achieved foundation trust status on 1 December 2009.

11 Wirral Community NHS Trust was formed on 1 April 2011.

12 On 1 April 2012, Trafford Healthcare NHS Trust (RM4) merged with Central Manchester Foundation Trust.

13 University Hospitals of Morecambe Bay NHS Trust achieved foundation trust status on 1 October 2010.

14 Walton Centre for Neurology and Neurosurgery NHS Trust achieved foundation trust status on 1 August 2009.

15 Airedale NHS Trust achieved foundation trust status on 1 June 2010.

16 Humber Mental Health Teaching NHS Trust achieved foundation trust status on 1 February 2010.

17 Leeds Community Healthcare NHS Trust was formed on 1 April 2011.

18 South West Yorkshire Mental Health NHS Trust achieved foundation trust status on 1 May 2009.

**In addition to the operating deficits in 2012/13 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:**
**a) impairments,**
**b) incurring additional revenue charges associated with bringing PFI assets on to the balance sheet due to the introduction of IFRS accounting in 2009/10, or**
**c) the impact of the change in accounting for donated assets and government grant reserves.**
**This is not recognised for NHS budgeting purposes.**

Mersey Care NHS Trust (£2m)

Mid Yorkshire Hospitals NHS Trust (£0.8m)

North Cumbria University Hospitals NHS Trust (£7m)

**Note: SHA and PCT turnover equals the Revenue Resource Limit (RRL) they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.**

# Annex 2

## NHS Midlands and East

| SHA and PCT name | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Annual accounts surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn revenue resource limit (RRL) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Bassetlaw PCT (1) | 1,434 | 2,595 | n/a | n/a | n/a | n/a |
| Derby City PCT | 650 | 30 | 2,982 | 1,487 | 465,987 | 0.3% |
| Derbyshire County PCT | 1,873 | 11,212 | 8,028 | 4,000 | 1,219,485 | 0.3% |
| East Midlands SHA | 59,092 | 22,905 | 45,148 | 28,917 | 443,059 | 6.5% |
| Leicester City PCT | 241 | 6,192 | 3,665 | 5,532 | 577,183 | 1.0% |
| Leicestershire County and Rutland PCT | 1,148 | 10,502 | 6,270 | 7,223 | 985,725 | 0.7% |
| Lincolnshire Teaching PCT | 7,264 | 14,314 | 9,525 | 7,500 | 1,251,308 | 0.6% |
| Milton Keynes PCT (2) | n/a | n/a | 505 | 100 | 378,586 | 0.0% |
| Northamptonshire Teaching PCT | 4,642 | 10,528 | 7,058 | 3,508 | 1,088,938 | 0.3% |
| Nottingham City PCT | 2,448 | 6,841 | 3,412 | 3,400 | 575,139 | 0.6% |
| Nottinghamshire County Teaching PCT | 4,514 | 5,017 | 3,372 | 3,333 | 1,109,662 | 0.3% |
| **East Midlands subtotal SHA/PCTs** | **83,306** | **90,136** | **89,965** | **65,000** | **8,095,072** | **0.8%** |

| SHA and PCT name | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Annual accounts surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn revenue resource limit (RRL) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Birmingham East and North PCT | 2,453 | 522 | 240 | 1,000 | 781,592 | 0.1% |
| Coventry Teaching PCT | 4,644 | 6,247 | 5,766 | 5,800 | 615,363 | 0.9% |
| Dudley PCT | 362 | 794 | 5,992 | 4,992 | 536,063 | 0.9% |
| Heart of Birmingham Teaching PCT | 7,615 | 9,555 | 830 | 1,000 | 593,747 | 0.2% |
| Herefordshire PCT | 778 | 111 | 291 | 254 | 298,334 | 0.1% |
| North Staffordshire PCT | 515 | 1,162 | 714 | 1,000 | 361,922 | 0.3% |
| Sandwell PCT | 89 | 1,222 | 8,889 | 7,666 | 610,840 | 1.3% |
| Shropshire County PCT | 490 | 872 | 1,295 | 1,000 | 485,419 | 0.2% |
| Solihull PCT (3) | 16 | 531 | 281 | 1,000 | 355,998 | 0.3% |
| South Birmingham PCT | 4,700 | 500 | 736 | 1,000 | 663,708 | 0.2% |
| South Staffordshire PCT | 2,200 | 378 | 353 | 750 | 987,169 | 0.1% |
| Stoke on Trent PCT | 2,588 | 3,115 | 1,993 | 2,000 | 527,932 | 0.4% |
| Telford and Wrekin PCT | 4,522 | 467 | 1,098 | 1,000 | 276,625 | 0.4% |
| Walsall Teaching PCT | 6,022 | 5,437 | 2,597 | 2,112 | 491,840 | 0.4% |
| Warwickshire PCT | 594 | 176 | 177 | 200 | 861,903 | 0.0% |
| West Midlands SHA | 19,732 | 23,204 | 37,534 | 11,088 | 543,161 | 2.0% |
| Wolverhampton City PCT | 19,365 | 15,692 | 19,682 | 16,808 | 498,417 | 3.4% |
| Worcestershire PCT | 3,519 | 3,470 | 3,044 | 3,000 | 898,688 | 0.3% |
| **West Midlands subtotal SHA/PCTs** | **80,204** | **73,455** | **91,512** | **61,670** | **10,388,721** | **0.6%** |

| SHA and PCT name | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Annual accounts surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn revenue resource limit (RRL) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Bedfordshire PCT | 236 | 498 | 504 | 500 | 629,746 | 0.1% |
| Cambridgeshire PCT | 501 | 398 | 499 | 0 | 899,588 | 0.0% |
| East of England SHA | 135,389 | 83,960 | 94,829 | 69,350 | 655,354 | 10.6% |
| Great Yarmouth and Waveney PCT | 352 | 1,625 | 1,009 | 1,000 | 414,775 | 0.2% |
| Hertfordshire PCT (4) | 1,611 | 638 | 513 | 6,200 | 1,766,223 | 0.4% |
| Luton PCT | 400 | 506 | 256 | 0 | 329,713 | 0.0% |
| Mid Essex PCT | 1,007 | 3,767 | 1,121 | 1,000 | 540,879 | 0.2% |
| Norfolk PCT | 695 | 959 | 1,403 | 1,000 | 1,245,622 | 0.1% |
| North East Essex PCT | 2,993 | 2,998 | 1,143 | 1,000 | 563,854 | 0.2% |
| Peterborough PCT | (12,832) | 389 | 4,110 | 0 | 282,301 | 0.0% |
| South East Essex PCT | 2,014 | 1,093 | 879 | 200 | 572,339 | 0.0% |
| South West Essex PCT | 1,614 | 48 | 252 | 650 | 681,903 | 0.1% |
| Suffolk PCT | 2,578 | 3,560 | 1,070 | 1,100 | 962,714 | 0.1% |
| West Essex PCT | 815 | 721 | 620 | 1,000 | 451,827 | 0.2% |
| **East of England subtotal SHA/PCTs** | **137,373** | **101,160** | **108,208** | **83,000** | **9,996,838** | **0.8%** |
| **NHS Midlands and East total SHA/PCTs** | **300,883** | **264,751** | **289,685** | **209,670** | **28,480,631** | **0.7%** |

| Trust name | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Annual accounts surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn turnover £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Derbyshire Mental Health Services NHS Trust (5) | 1,014 | 379 | n/a | n/a | n/a | n/a |
| Derbyshire Community Health Services NHS Trust (6) | n/a | n/a | 1,419 | 1,769 | 185,627 | 1.0% |
| East Midlands Ambulance Service NHS Trust | 2,016 | 467 | 1,402 | 1,544 | 148,641 | 1.0% |
| Leicestershire Partnership NHS Trust | 1,732 | 1,700 | 6,562 | 4,200 | 275,552 | 1.5% |
| Lincolnshire Community Health Services NHS Trust (7) | n/a | n/a | 1,081 | 1,510 | 104,172 | 1.4% |
| Northampton General Hospital NHS Trust | 2,081 | 1,109 | 504 | 1,000 | 240,416 | 0.4% |
| Northamptonshire Healthcare NHS Trust (8) | 29 | n/a | n/a | n/a | n/a | n/a |
| Nottingham University Hospitals NHS Trust | 7,256 | 5,010 | 4,764 | 4,328 | 777,063 | 0.6% |
| Nottinghamshire Healthcare NHS Trust | 2,387 | 6,505 | 6,896 | 5,322 | 417,640 | 1.3% |
| United Lincolnshire Hospitals NHS Trust | 1,282 | (13,880) | 320 | 886 | 402,524 | 0.2% |
| University Hospitals of Leicester NHS Trust | 51 | 1,013 | 88 | 46 | 727,335 | 0.0% |
| **East Midlands subtotal trusts** | **17,848** | **2,303** | **23,036** | **20,605** | **3,278,970** | **0.6%** |

| Trust name | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Annual accounts surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn turnover £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Birmingham Community Health Care Trust (9) | n/a | 686 | 2,559 | 2,948 | 245,198 | 1.2% |
| Coventry and Warwickshire Partnership NHS Trust (10) | 3,690 | 2,936 | 4,589 | 6,194 | 202,540 | 3.1% |
| Dudley and Walsall Mental Health Partnership NHS Trust | 376 | 883 | 1,163 | 1,080 | 67,388 | 1.6% |
| George Eliot Hospital NHS Trust | 1,164 | 112 | 45 | 0 | 113,607 | 0.0% |
| North Staffordshire Combined Healthcare NHS Trust | 449 | 698 | 891 | 1,282 | 76,822 | 1.7% |
| Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust (11) | 2,054 | 1,618 | 741 | n/a | n/a | n/a |
| Royal Wolverhampton Hospitals NHS Trust | 8,035 | 7,964 | 9,297 | 7,677 | 371,012 | 2.1% |
| Sandwell and West Birmingham Hospitals NHS Trust | 7,260 | 2,193 | 1,863 | 3,877 | 423,076 | 0.9% |

| Trust name | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Annual accounts surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn turnover £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Shrewsbury and Telford Hospital NHS Trust | 712 | 26 | 59 | 1,900 | 302,284 | 0.6% |
| Shropshire Community Health NHS Trust (12) | n/a | n/a | 1,397 | 1,485 | 78,240 | 1.9% |
| Staffordshire and Stoke on Trent Partnership NHS Trust (13) | n/a | n/a | 1,527 | 2,004 | 359,261 | 0.6% |
| South Warwickshire General Hospitals NHS Trust (14) | 5,581 | n/a | n/a | n/a | n/a | n/a |
| University Hospital of North Staffordshire NHS Trust | 5,644 | 4,141 | 1,050 | 0 | 445,900 | 0.0% |
| University Hospitals Coventry and Warwickshire NHS Trust | 10,234 | 4,162 | 1,465 | 2,053 | 483,454 | 0.4% |
| Walsall Healthcare NHS Trust (15) | 1,998 | 3,247 | 4,164 | 4,616 | 215,971 | 2.1% |
| West Midlands Ambulance Service NHS Trust | 255 | 99 | 925 | 3,900 | 192,627 | 2.0% |
| Worcestershire Acute Hospitals NHS Trust | 3,135 | 287 | 88 | 1,500 | 330,948 | 0.5% |
| Worcestershire Health and Care NHS Trust (16) | 700 | 700 | 1,500 | 2,048 | 166,204 | 1.2% |
| Wye Valley NHS Trust (17) | 1,165 | 46 | 71 | 0 | 173,690 | 0.0% |
| **West Midlands subtotal trusts** | **52,452** | **29,798** | **33,394** | **42,564** | **4,248,222** | **1.0%** |

| Trust name | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Annual accounts surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn turnover £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Bedford Hospitals NHS Trust | 612 | 274 | 197 | 0 | 202,801 | 0.0% |
| Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust (18) | 463 | n/a | n/a | n/a | n/a | n/a |
| Cambridgeshire Community Services NHS Trust (19) | n/a | 1,044 | 681 | 1,540 | 153,834 | 1.0% |
| East and North Hertfordshire NHS Trust | 2,499 | 3,328 | 3,568 | 3,600 | 341,372 | 1.1% |
| East of England Ambulance Service NHS Trust | 757 | 2,364 | 3,121 | 4,107 | 228,787 | 1.8% |
| Hertfordshire Community NHS Trust (20) | n/a | 184 | 1,030 | 1,229 | 122,578 | 1.0% |
| Hinchingbrooke Health Care NHS Trust | 598 | 79 | 186 | 0 | 103,446 | 0.0% |
| Mid Essex Hospital Services NHS Trust | 2,551 | 3,660 | (2,156) | 1,089 | 255,824 | 0.4% |
| Norfolk Community Health and Care NHS Trust (21) | n/a | 552 | 637 | 1,100 | 120,641 | 0.9% |
| Suffolk Mental Health Partnership NHS Trust (22) | 1,513 | 335 | n/a | n/a | n/a | n/a |
| Ipswich Hospital NHS Trust | 3,351 | 1,260 | 137 | 0 | 223,864 | 0.0% |
| Princess Alexandra Hospital NHS Trust | 511 | 415 | 461 | 1,819 | 172,252 | 1.1% |
| Queen Elizabeth Hospital Kings Lynn NHS Trust (23) | 4,510 | 1,931 | n/a | n/a | n/a | n/a |
| West Hertfordshire Hospitals NHS Trust | 5,699 | 7,358 | 3,657 | 2,800 | 263,561 | 1.1% |
| West Suffolk Hospitals NHS Trust (24) | 6,273 | 194 | 251 | n/a | n/a | n/a |
| **East of England subtotal trusts** | **29,337** | **22,978** | **11,770** | **17,284** | **2,188,960** | **0.8%** |
| **NHS Midlands and East total trusts** | **99,637** | **55,079** | **68,200** | **80,453** | **9,716,152** | **0.8%** |

**For foundation trusts the forecast position is only for the time when the organisation was an NHS trust**

1 Bassetlaw PCT is being reported under the Yorkshire and the Humber SHA region from 1 April 2011.

2 Milton Keynes PCT became part of East Midlands SHA from 1 April 2011. Prior to this, it was reported under the South Central SHA region.

3 Solihull Care Trust changed its name to Solihull Primary Care Trust, following the transfer of their community services to other organisations on 1 April 2011.

4 Hertfordshire PCT was formed by the merger of East and North Hertfordshire (5P3) and West Hertfordshire PCT (5P4) on 1 April 2010.

5 Derbyshire Mental Health Services NHS Trust achieved foundation trust status on 1 February 2011.

6 Derbyshire Community Health Services NHS Trust was formed on 1 April 2011.

7 Lincolnshire Community Health Services NHS Trust was formed on 1 April 2011.

8 Northamptonshire Healthcare NHS Trust achieved foundation trust status on 1 May 2009.

9 Birmingham Community Health Care NHS Trust (RYW) was established as an NHS Trust on 1 November 2010, taking on the provider services of NHS Birmingham East and North, NHS Heart of Birmingham and NHS South Birmingham.

10 Coventry and Warwickshire Partnership NHS Trust was formed from the Mental Health elements of Rugby PCT, Coventry Teaching PCT, North Warwickshire PCT and South Warwickshire PCT.

11 Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Trust achieved foundation trust status on 1 August 2011.

12 Shropshire Community Health NHS Trust was formed on 1 July 2011. The new Trust will combine community health services from Shropshire County PCT and Telford and Wrekin PCT into a single organisation.

13 Staffordshire and Stoke on Trent NHS Partnership Trust (R1E) was formed on 1 September 2011, bringing together community health services previously provided by NHS North Staffordshire, NHS Stoke on Trent and South Staffordshire PCT.

14 South Warwickshire General Hospitals NHS Trust achieved foundation trust status on 1 March 2010.

15 Walsall Healthcare NHS Trust was formed on 1 April 2011, following the integration of Walsall Hospitals NHS Trust and NHS Walsall Community Health.

16 Worcestershire Health and Care NHS Trust was established on 1 July 2011 to manage the vast majority of the services which were previously managed by Worcestershire Primary Care NHS Trust's provider arm, as well as the mental health services that were managed by Worcestershire Mental Health Partnership NHS Trust.

17 Hereford Hospitals NHS Trust changed its name to Wye Valley NHS Trust on 1 April 2011, following Herefordshire's health and adult social care providers joining to form an integrated provider of acute, community and social care in England.

18 On 1 April 2010, South Essex Partnership University NHS Foundation Trust (SEPT) took over Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust (BLPT). BLPT made history by being the first NHS trust to put itself up for merger with an established NHS foundation trust.

19 Cambridgeshire Community Services NHS Trust is a new trust formed on 1 April 2010.

20 Hertfordshire Community NHS Trust (RY4) was established on 1 November 2010, taking on the provider services of Hertfordshire PCT.

21 Norfolk Community Health and Care NHS Trust (RY3) was established on 1 November 2010, taking on the provider services of Norfolk Primary Care Trust.

22 Suffolk Mental Health Partnership NHS Trust (RT6), merged with Norfolk and Waveney Mental Health NHS Foundation Trust on 1 January 2012 to become Norfolk and Suffolk NHS Foundation Trust.

23 Queen Elizabeth Hospital King's Lynn NHS Trust achieved foundation trust status on 1 February 2011.

24 West Suffolk Hospitals NHS Trust achieved foundation trust status on 1 December 2011.

**In addition to the operating deficits in 2012/13 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:**
**a) impairments,**
**b) incurring additional revenue charges associated with bringing PFI assets on to the balance sheet due to the introduction of IFRS accounting in 2009/10, or**
**c) the impact of the change in accounting for donated assets and government grant reserves.**
**This is not recognised for NHS budgeting purposes.**

East and North Hertfordshire NHS Trust (£6m)
Nottingham University Hospitals NHS Trust (£7m)
Sandwell & West Birmingham Hospitals NHS Trust (£0.3m)
University Hospital of North Staffordshire Hospital NHS Trust (£29m)
West Hertfordshire Hospitals NHS Trust (£4m)

**Note: SHA and PCT turnover equals the Revenue Resource Limit (RRL) they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.**

# Annex 3

## NHS London

| SHA and PCT name | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Annual accounts surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn revenue resource limit (RRL) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Barking and Dagenham PCT | 3,377 | 62 | 3,567 | 3,285 | 353,228 | 0.9% |
| Barnet PCT | 139 | 134 | (13,955) | 0 | 604,979 | 0.0% |
| Bexley Care PCT | 51 | 486 | 2,274 | 3,508 | 367,984 | 1.0% |
| Brent Teaching PCT | 16,334 | 17,416 | 21,576 | 21,500 | 575,038 | 3.7% |
| Bromley PCT | 249 | 6,899 | 6,111 | 5,020 | 519,015 | 1.0% |
| Camden PCT | 12 | 11,807 | 43,162 | 21,595 | 533,703 | 4.0% |
| City and Hackney Teaching PCT | 9,346 | 6,594 | 13,164 | 6,464 | 550,754 | 1.2% |
| Croydon PCT | 3,412 | 5,535 | 838 | 0 | 598,317 | 0.0% |
| Ealing PCT | 3 | 34 | 37 | 0 | 615,498 | 0.0% |
| Enfield PCT | (10,491) | 11 | (17,188) | 0 | 505,901 | 0.0% |
| Greenwich Teaching PCT | 608 | 5,327 | 4,770 | 4,710 | 494,461 | 1.0% |
| Hammersmith and Fulham PCT | 10,538 | 3,513 | 5,496 | 7,084 | 373,467 | 1.9% |
| Haringey Teaching PCT | 29 | 170 | (17,439) | 500 | 484,853 | 0.1% |
| Harrow PCT | 126 | 677 | 150 | 0 | 365,100 | 0.0% |
| Havering PCT | 1,528 | 932 | 873 | 4,095 | 430,336 | 1.0% |
| Hillingdon PCT | 19,380 | 5 | 44 | 0 | 418,549 | 0.0% |
| Hounslow PCT | 40 | 42 | 150 | 0 | 419,441 | 0.0% |
| Islington PCT | 1,121 | 10,261 | 20,837 | 9,084 | 481,238 | 1.9% |
| Kensington and Chelsea PCT | 3,985 | 3,410 | 10,166 | 7,332 | 379,201 | 1.9% |
| Kingston PCT | 103 | 2,623 | 4,515 | 3,959 | 284,661 | 1.4% |
| Lambeth PCT | 988 | 6,430 | 6,867 | 7,000 | 672,001 | 1.0% |
| Lewisham PCT | 90 | 5,287 | 5,445 | 5,520 | 550,217 | 1.0% |
| London SHA | 288,675 | 257,187 | 255,672 | 30,000 | 1,855,290 | 1.6% |
| Newham PCT | 1,107 | 7,104 | 9,738 | 5,800 | 582,834 | 1.0% |
| Redbridge PCT | 6,232 | 6,217 | 6,644 | 4,027 | 432,331 | 0.9% |
| Richmond and Twickenham PCT | 112 | 2,845 | 7,742 | 6,223 | 302,369 | 2.1% |
| Southwark PCT | 628 | 1,365 | 5,987 | 5,857 | 552,404 | 1.1% |
| Sutton and Merton PCT | (2,286) | 266 | 6,457 | 4,528 | 608,382 | 0.7% |
| Tower Hamlets PCT | 6,753 | 6,973 | 8,985 | 10,363 | 534,302 | 1.9% |
| Waltham Forest PCT | 0 | 27 | 100 | 4,292 | 449,927 | 1.0% |
| Wandsworth PCT | 4,386 | 12,322 | 16,709 | 10,522 | 610,146 | 1.7% |
| Westminster PCT | 15,010 | 9,866 | 22,890 | 19,344 | 586,128 | 3.3% |
| **London total SHA/PCTs** | **381,585** | **391,827** | **442,384** | **211,612** | **17,092,055** | **1.2%** |
| **NHS London total SHA/PCTs** | **381,585** | **391,827** | **442,384** | **211,612** | **17,092,055** | **1.2%** |

| Trust name | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Annual accounts surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn turnover £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Barking, Havering and Redbridge Hospitals NHS Trust | (22,309) | (32,986) | (49,913) | (39,732) | 413,058 | (9.6%) |
| Barnet and Chase Farm Hospitals NHS Trust | 5,069 | 3,154 | 2,221 | 0 | 349,616 | 0.0% |
| Barnet, Enfield and Haringey Mental Health NHS Trust | 239 | 274 | 2,023 | 1,931 | 185,311 | 1.0% |
| Barts Health NHS Trust (1) | 11,707 | (1,506) | (3,940) | 0 | 1,237,701 | 0.0% |
| Central London Community Healthcare NHS Trust (2) | n/a | 2,196 | 3,835 | 1,814 | 188,962 | 1.0% |
| Croydon Health Services NHS Trust (3) | 1,106 | 4,913 | 3,967 | 2,509 | 234,101 | 1.1% |
| Ealing Hospital NHS Trust | 36 | 28 | 2,304 | 8 | 225,298 | 0.0% |
| Epsom and St Helier University Hospitals NHS Trust | 2,877 | 3,332 | (12,277) | (19,447) | 329,326 | (5.9%) |
| Great Ormond Street Hospital for Children NHS Trust (4) | 7,368 | 8,617 | 1,869 | n/a | n/a | n/a |
| Hounslow and Richmond Community Healthcare NHS Trust (5) | n/a | n/a | 1,667 | 699 | 56,679 | 1.2% |
| Imperial College Healthcare NHS Trust (6) | 9,102 | 5,146 | (8,419) | 500 | 950,116 | 0.1% |
| Lewisham Hospital NHS Trust | 6,753 | 1,058 | 1,427 | 1,727 | 236,335 | 0.7% |
| Kingston Hospital NHS Trust | 2,412 | 2,724 | 3,184 | 3,270 | 203,891 | 1.6% |
| London Ambulance Service NHS Trust | 1,425 | 1,002 | 2,751 | 3,093 | 289,180 | 1.1% |
| North Middlesex University Hospitals NHS Trust | 6,044 | 3,103 | 669 | 1,904 | 179,143 | 1.1% |
| North West London Hospitals NHS Trust | (8,025) | 258 | (7,534) | (20,600) | 374,294 | (5.5%) |
| Royal Brompton and Harefield NHS Trust (7) | 547 | n/a | n/a | n/a | n/a | n/a |
| Royal Free Hampstead NHS Trust (8) | 2,035 | 6,587 | 8,200 | n/a | n/a | n/a |
| South London Healthcare NHS Trust (9) | (42,067) | (40,865) | (65,063) | (54,167) | 430,494 | (12.6%) |
| South West London and St George's Mental Health NHS Trust | 2,286 | 2,579 | 2,158 | 1,600 | 162,580 | 1.0% |
| St George's Healthcare NHS Trust | 12,933 | 6,459 | 6,101 | 6,245 | 625,627 | 1.0% |
| The Hillingdon Hospital NHS Trust (10) | 258 | 307 | n/a | n/a | n/a | n/a |
| Royal National Orthopaedic Hospital NHS Trust | 1,026 | (911) | 1,102 | 2,322 | 108,998 | 2.1% |
| West London Mental Health NHS Trust | 1,167 | 3,970 | 4,881 | 3,438 | 228,588 | 1.5% |
| West Middlesex University Hospital NHS Trust | (4,996) | 214 | 1,777 | 1,602 | 145,823 | 1.1% |
| Whittington Hospital NHS Trust | 139 | 508 | 1,120 | 3,504 | 275,497 | 1.3% |
| **London total trusts** | **(2,868)** | **(19,839)** | **(95,890)** | **(97,780)** | **7,430,618** | **(1.3%)** |
| **NHS London total trusts** | **(2,868)** | **(19,839)** | **(95,890)** | **(97,780)** | **7,430,618** | **(1.3%)** |

**For foundation trusts the forecast position is only for the time when the organisation was an NHS Trust**

1 Barts Health NHS Trust was created on 1 April 2012, following the merger of Barts and the London NHS Trust (RNJ), Newham University Hospital NHS Trust (RNH) and Whipps Cross University Hospital NHS Trust (RGC).

2 Rebranding of Central West London Community Services to Central London Community Healthcare was completed in July 2009. Central London Community Healthcare NHS Trust (RYX) was established on 1 November 2010.

3 Mayday Healthcare NHS Trust changed its name to Croydon Health Services NHS Trust (RJ6) on 1 October 2010.

4 Great Ormond Street Hospital for Children NHS Trust achieved foundation trust status on 1 March 2012.

5 Hounslow and Richmond Community Healthcare NHS Trust was formed on 1 April 2011.

6 Imperial College Healthcare NHS Trust was formed from St Mary's NHS Trust and Hammersmith Hospitals NHS Trust.

7 Royal Brompton and Harefield NHS Trust achieved foundation trust status on 1 June 2009.

8 Royal Free Hampstead NHS Trust achieved foundation trust status on 1 April 2012.

9 South London Healthcare NHS Trust was formed from the merger of Queen Elizabeth Hospital NHS Trust (RG2), Bromley Hospitals NHS Trust (RG3), and Queen Mary's Sidcup NHS Trust (RGZ).

10 Hillingdon Hospital NHS Trust achieved foundation trust status on 1 April 2011.

**In addition to the operating deficits in 2012/13 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:**
**a) impairments,**
**b) incurring additional revenue charges associated with bringing PFI assets on to the balance sheet due to the introduction of IFRS accounting in 2009/10, or**
**c) the impact of the change in accounting for donated assets and government grant reserves.**
**This is not recognised for NHS budgeting purposes.**

Barking, Havering and Redbridge University Hospitals NHS Trust (£0.8m)
Barnet, Enfield and Haringey Mental Health NHS Trust (£2m)
North West London Hospitals NHS Trust (£2m)
South London Healthcare NHS Trust (£5m)
South West London and St George's Mental Health NHS Trust (£2m)

**Note: SHA and PCT turnover equals the Revenue Resource Limit (RRL) they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.**

# Annex 4

## NHS South of England

| SHA and PCT name | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Annual accounts surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn revenue resource limit (RRL) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Brighton and Hove City Teaching PCT | 1,071 | 4,618 | 4,604 | 750 | 499,222 | 0.2% |
| East Sussex Downs and Weald PCT | 1,230 | 2,656 | 476 | 750 | 590,898 | 0.1% |
| Eastern and Coastal Kent PCT | 6,130 | 11,972 | 8,957 | 12,000 | 1,314,393 | 0.9% |
| Hastings and Rother PCT | 3,841 | 6,496 | 2,707 | 750 | 344,527 | 0.2% |
| Medway PCT | 3,689 | 4,282 | 4,496 | 4,582 | 465,288 | 1.0% |
| South East Coast SHA | 44,586 | 45,768 | 62,090 | 19,327 | 303,797 | 6.4% |
| Surrey PCT | (13,622) | (11,934) | 1,028 | 10,000 | 1,731,143 | 0.6% |
| West Kent PCT | 2,013 | 776 | 1,066 | 10,363 | 1,057,925 | 1.0% |
| West Sussex PCT | 725 | 733 | 512 | 750 | 1,338,881 | 0.1% |
| **South East Coast subtotal SHA/PCTs** | **49,663** | **65,367** | **85,936** | **59,272** | **7,646,074** | **0.8%** |

| SHA and PCT name | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Annual accounts surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn revenue resource limit (RRL) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Berkshire East PCT | 101 | 147 | 1,250 | 1,200 | 598,297 | 0.2% |
| Berkshire West PCT | 1,449 | 1,646 | 3,580 | 6,471 | 680,674 | 1.0% |
| Buckinghamshire PCT | 1,368 | 715 | 127 | 1,714 | 732,434 | 0.2% |
| Hampshire PCT | 486 | 457 | 4,015 | 6,456 | 1,977,285 | 0.3% |
| Isle of Wight NHS PCT | 2,382 | 2,519 | 2,508 | 2,573 | 269,985 | 1.0% |
| Milton Keynes PCT (1) | 605 | 551 | n/a | n/a | n/a | n/a |
| Oxfordshire PCT | 1,901 | 2,250 | 2,224 | 2,244 | 937,542 | 0.2% |
| Portsmouth City Teaching PCT | 5,207 | 724 | 1,674 | 3,385 | 359,273 | 0.9% |
| South Central SHA | 45,125 | 54,788 | 54,785 | 20,100 | 343,404 | 5.9% |
| Southampton City PCT | 917 | 2,885 | 1,965 | 3,920 | 428,580 | 0.9% |
| **South Central subtotal SHA/PCTs** | **59,541** | **66,682** | **72,128** | **48,063** | **6,327,474** | **0.8%** |

| SHA and PCT name | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Annual accounts surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn revenue resource limit (RRL) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| Bath and North East Somerset PCT | 1,924 | 2,685 | 2,685 | 2,763 | 294,610 | 0.9% |
| Bournemouth and Poole Teaching PCT | 2,886 | 5,356 | 5,356 | 5,897 | 597,388 | 1.0% |
| Bristol Teaching PCT | 4,974 | 6,955 | 3,955 | 3,955 | 779,982 | 0.5% |
| Cornwall and Isles of Scilly PCT | 6,064 | 8,562 | 8,570 | 8,822 | 949,579 | 0.9% |
| Devon PCT | 237 | 3,546 | 3,538 | 3,500 | 1,263,897 | 0.3% |
| Dorset PCT | 4,374 | 6,133 | 6,133 | 6,717 | 684,566 | 1.0% |
| Gloucestershire PCT | 6,216 | 8,685 | 8,685 | 8,946 | 962,621 | 0.9% |
| North Somerset PCT | 48 | 1,552 | 1,063 | 1,063 | 347,656 | 0.3% |
| Plymouth Teaching PCT | 1,400 | 4,190 | 2,204 | 2,215 | 465,229 | 0.5% |
| Somerset PCT | 5,751 | 7,965 | 7,965 | 7,965 | 890,254 | 0.9% |

| SHA and PCT name | 2009/10 Annual accounts surplus/ (deficit) £000s | 2010/11 Annual accounts surplus/ (deficit) £000s | 2011/12 Annual accounts surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) £000s | 2012/13 Q1 Forecast outturn revenue resource limit (RRL) £000s | 2012/13 Q1 Forecast outturn surplus/ (deficit) as % RRL |
|---|---|---|---|---|---|---|
| South Gloucestershire PCT | 39 | 1,527 | 1,397 | 1,397 | 387,577 | 0.4% |
| South West SHA | 56,756 | 51,054 | 117,832 | 42,094 | 435,524 | 9.7% |
| Swindon PCT | 2,080 | 1,096 | 2,967 | 3,047 | 321,344 | 0.9% |
| Torbay Care Trust | 1,808 | 2,494 | 2,494 | n/a | n/a | n/a |
| Torbay PCT (2) | n/a | n/a | n/a | 7,468 | 288,036 | 2.6% |
| Wiltshire PCT | 0 | 3,200 | 2,005 | 2,000 | 691,392 | 0.3% |
| **South West subtotal SHA/PCTs** | **94,557** | **115,000** | **176,849** | **107,849** | **9,359,655** | **1.2%** |
| **NHS South of England total SHA/PCTs** | **203,761** | **247,049** | **334,913** | **215,184** | **23,333,203** | **0.9%** |

| Trust name | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Annual accounts surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn turnover £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Ashford and St Peter's Hospitals NHS Trust (3) | 6,275 | 3,188 | n/a | n/a | n/a | n/a |
| Brighton and Sussex University Hospitals NHS Trust | 10,227 | 4,512 | 42 | 2,878 | 594,802 | 0.5% |
| Dartford and Gravesham NHS Trust | 115 | 206 | 393 | 0 | 167,768 | 0.0% |
| East Sussex Healthcare NHS Trust (4) | 350 | (4,704) | 87 | 2,800 | 368,786 | 0.8% |
| Kent and Medway NHS and Social Care Partnership Trust | 1,524 | 13 | 538 | 1,097 | 170,286 | 0.6% |
| Kent Community Health NHS Trust (5) | n/a | 1,429 | 1,470 | 2,114 | 212,200 | 1.0% |
| Maidstone and Tunbridge Wells NHS Trust | 189 | 1,710 | 300 | 0 | 361,390 | 0.0% |
| Royal Surrey County Hospital NHS Trust (6) | 4,554 | n/a | n/a | n/a | n/a | n/a |
| South East Coast Ambulance Service NHS Trust (7) | 1,130 | 3,153 | n/a | n/a | n/a | n/a |
| Surrey and Sussex Healthcare NHS Trust | 7,755 | 875 | (6,056) | 0 | 209,801 | 0.0% |
| Sussex Community NHS Trust (8) | 649 | 675 | 1,918 | 1,889 | 176,075 | 1.1% |
| Western Sussex Hospitals NHS Trust (9) | 4,138 | 5,234 | 5,350 | 5,224 | 358,419 | 1.5% |
| **South East Coast subtotal trusts** | **36,906** | **16,291** | **4,042** | **16,002** | **2,619,527** | **0.6%** |

| Trust name | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Annual accounts surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn turnover £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Buckinghamshire Healthcare NHS Trust (10) | 146 | 1,026 | 2,848 | 2,000 | 333,750 | 0.6% |
| Isle of Wight NHS Trust (11) | n/a | n/a | n/a | 500 | 158,374 | 0.3% |
| Nuffield Orthopaedic NHS Trust | 311 | 882 | n/a | n/a | n/a | n/a |
| Oxford Learning Disability NHS Trust | 181 | 161 | 59 | 284 | 37,073 | 0.8% |
| Oxford Radcliffe Hospitals NHS Trust | 106 | 1,289 | n/a | n/a | n/a | n/a |
| Oxford University Hospital NHS Trust (12) | n/a | n/a | 7,157 | 3,602 | 800,596 | 0.4% |
| Portsmouth Hospitals NHS Trust | (14,877) | 159 | 148 | 4,263 | 427,750 | 1.0% |
| South Central Ambulance Service NHS Trust (13) | 602 | 1,383 | 2,049 | n/a | n/a | n/a |
| Southampton University Hospitals NHS Trust (14) | 6,777 | 2,859 | (1,908) | n/a | n/a | n/a |
| Solent NHS Trust (15) | n/a | n/a | 1,863 | 753 | 183,257 | 0.4% |
| Winchester and Eastleigh Healthcare NHS Trust (16) | 224 | 147 | n/a | n/a | n/a | n/a |
| **South Central subtotal trusts** | **(6,530)** | **7,906** | **12,216** | **11,402** | **1,940,800** | **0.6%** |

| Trust name | 2009/10 Annual accounts surplus/ (operating deficit) £000s | 2010/11 Annual accounts surplus/ (operating deficit) £000s | 2011/12 Annual accounts surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) £000s | 2012/13 Q1 Forecast outturn turnover £000s | 2012/13 Q1 Forecast outturn surplus/ (operating deficit) as % turnover |
|---|---|---|---|---|---|---|
| Avon and Wiltshire Mental Health Partnership NHS Trust | 1,113 | 3,219 | 3,541 | 2,927 | 189,114 | 1.5% |
| Cornwall Partnership NHS Trust (17) | 1,250 | n/a | n/a | n/a | n/a | n/a |
| Devon Partnership NHS Trust | 209 | 616 | 789 | 3,020 | 140,316 | 2.2% |
| Great Western Ambulance Service NHS Trust | 94 | 849 | 404 | 851 | 86,239 | 1.0% |
| North Bristol NHS Trust | 6,177 | 7,888 | 9,002 | 7,000 | 519,916 | 1.3% |
| Northern Devon Healthcare NHS Trust | 0 | 252 | 1,719 | 2,145 | 213,381 | 1.0% |
| Plymouth Hospitals NHS Trust | 2,010 | 18 | 15 | 1,000 | 390,591 | 0.3% |
| Royal Cornwall Hospitals NHS Trust | 8,349 | 7,544 | 4,437 | 3,800 | 311,342 | 1.2% |
| Royal United Hospital Bath NHS Trust | 5,800 | 4,195 | 6,215 | 4,640 | 223,221 | 2.1% |
| South Western Ambulance Service NHS Trust (18) | 511 | 890 | n/a | n/a | n/a | n/a |
| Torbay and Southern Devon Health and Care NHS Trust (19) | n/a | n/a | n/a | 100 | 133,879 | 0.1% |
| Weston Area Health NHS Trust | 2,448 | 2,607 | 3,610 | 2,250 | 92,868 | 2.4% |
| **South West subtotal trusts** | **27,961** | **28,078** | **29,732** | **27,734** | **2,300,867** | **1.2%** |
| **NHS South of England total trusts** | **58,337** | **52,275** | **45,990** | **55,138** | **6,861,194** | **0.8%** |

**For foundation trusts the forecast position is only for the time when the organisation was an NHS trust**

1 Milton Keynes PCT is being reported under the East Midlands SHA region from 1 April 2011.

2 Torbay PCT (5CW) was formed on 1 April 2012, now operating commissioning services of Torbay Care Trust (TAL), which is no longer in existence.

3 Ashford and St. Peter's Hospitals NHS Trust achieved foundation trust status on 1 December 2010.

4 East Sussex Hospitals NHS Trust (RXC) became East Sussex Healthcare NHS Trust on 1 April 2011.

5 Kent Community Health NHS Trust (RYY) was established as an NHS trust on 1 November 2010 as Eastern and Coastal Kent Community Health NHS Trust, taking on the provider services of Eastern and Coastal Kent PCT, and changed its name on 1 April 2011, after taking on the provider services of West Kent PCT.

6 Royal Surrey County Hospital NHS Trust achieved foundation trust status on 1 December 2009.

7 South East Coast Ambulance Service NHS Trust achieved foundation trust status on 1 March 2011.

8 Sussex Community NHS Trust (RDR) was formerly South Downs Health NHS Trust, and changed its name on 1 October 2010.

9 Western Sussex Hospitals NHS Trust was formed from the merger of Royal West Sussex NHS Trust (RPR) and Worthing and Southlands Hospitals NHS Trust (RPL).

10 Buckinghamshire Healthcare NHS Trust (RXQ) was formerly Buckinghamshire Hospitals NHS Trust. The name change was effective from 1 November 2010.

11 Isle of Wight NHS Trust (R1F), was formed on 1 April 2012, as a provider split from Isle of Wight NHS PCT (5QT).

12 Oxford University Hospitals NHS Trust (RTH) was formed from the merger of Nuffield Orthopaedic NHS Trust (RB1) and the Oxford Radcliffe Hospitals NHS Trust (RTH) on 1 November 2011.

13 South Central Ambulance Service NHS Trust achieved foundation trust status on 1 March 2012.

14 Southampton University Hospitals NHS Trust achieved foundation trust status on 1 October 2011. The deficit is a technical deficit due to a phasing issue in the months before it became a foundation trust.

15 The integration of PCT provider functions, part of NHS Southampton and NHS Portsmouth's provider arm services, created a new community services and mental health provider, Solent NHS Trust on 1 April 2011, which is operating as a direct provider organisation under NHS Southampton City.

16 Winchester and Eastleigh Healthcare NHS Trust merged with Basingstoke and North Hampshire NHS Foundation Trust (RN5), on 9 January 2012. As a result of this merger, Basingstoke and North Hampshire has changed its name to Hampshire Hospitals NHS Foundation Trust.

17 Cornwall Partnership NHS Trust achieved foundation trust status on 1 March 2010.

18 South Western Ambulance Service NHS Trust achieved foundation trust status on 1 March 2011.

19 Torbay and Southern Devon Health and Care NHS Trust (R1G) was formed on 1 April 2012, as a provider arm split from Torbay Care Trust (TAL).

**In addition to the operating deficits in 2012/13 shown above, the following organisation(s) also forecast a technical deficit (£m) in the same period. A technical deficit is a deficit arising due to:**
**a) impairments,**
**b) incurring additional revenue charges associated with bringing PFI assets on to the balance sheet due to the introduction of IFRS accounting in 2009/10, or**
**c) the impact of the change in accounting for donated assets and government grant reserves.**
**This is not recognised for NHS budgeting purposes.**

Brighton and Sussex University Hospitals NHS Trust (£8m)
Dartford and Gravesham NHS Trust (£1m)
Kent and Medway NHS and Social Care Partnership Trust (£0.6m)
Maidstone and Tunbridge Wells NHS Trust (£2m)
North Bristol NHS Trust (£1m)
Plymouth Hospitals NHS Trust (£2m)

**Note: SHA and PCT turnover equals the Revenue Resource Limit (RRL) they are allocated. Trust turnover is all the income they receive including income from PCTs. Trust income should therefore be excluded from any aggregation of SHA economy turnover to avoid double counting resources.**

# NHS Q1 Performance Framework results

In 2012/13 TFA monitoring and the NHS Performance Framework were brought together. This publication reflects this and the change from quarterly to monthly reporting for the NHS Performance Framework. It shows the first published TFA monitoring ratings for all the remaining acute and ambulance NHS trusts alongside the monthly NHS Performance Framework results across Q1. The TFA process is now informed by the NHS Performance Framework ratings and a set of rules exist to ensure consistency across the integrated process.

For mental health trusts, NHS Performance Framework results are available on a less frequent timescale so local intelligence is used to inform the TFA RAG ratings for these trusts. For community trusts, there are no performance framework results, so local intelligence is also used for these trusts. A similar integrated process for these trusts is being developed.

The TFA monitoring and the NHS Performance Framework were bought together to ensure NHS trusts are clear on the equal priority for delivery against plans to become FTs, the continued delivery of performance and financial requirements as set out in the NHS Operating Framework, and full compliance with CQC standards. Achievement of FT status will only be delivered through sustained performance delivery. Equally, delivery against ongoing performance requirements will only be achieved through the governance and organisational developments required to achieve FT status being put in place. To maintain the momentum of the FT pipeline, the monitoring of progress against each NHS trust's plans for achieving FT status, as set out in their individual Tripartite Formal Agreements (TFA), is a key part to making sure that the necessary progress is being made by each organisation. Where an NHS trust does not deliver against the plans set out in its TFA, and is red rated for three consecutive months, the Department's agreed escalation process is triggered. Intervention may be needed to ensure the NHS trust gets back on track and in some circumstances a revised TFA date may be required with a revised management plan to deliver this.

**Figure 1 – Finance performance for April to June (including all acute and ambulance trusts)****

| | April | May | June |
|---|---|---|---|
| Performing: | 58 | 58 | 58 |
| Performance under review: | 1 | 1 | 2 |
| Underperforming | 9 | 9 | 9 |
| Total: | 68 | 68 | 69 |

**There are 68 trusts rated on Finance in April and May as opposed to 69 in June as Finance data was not available for those months for the newly formed Barts Health NHS Trust.

**Figure 2 – Breakdown of quality of service performance for April to June (including all acute and ambulance trusts)**

| | April | May | June |
|---|---|---|---|
| Performing: | 49 | 48 | 49 |
| Performance under review: | 17 | 17 | 17 |
| Underperforming | 3 | 4 | 3 |
| Total: | 69 | 69 | 69 |

**Figure 3 – Breakdown of finance performance and quality of service performance for Q4 2011/12 for mental health trusts**

| | Finance performance | Quality of service performance |
|---|---|---|
| Performing: | 13 | 13 |
| Performance under review: | 0 | 0 |
| Underperforming | 0 | 0 |
| Total: | 13 | 13 |

## Bringing together the NHS Performance Framework results and the TFA ratings

Monthly TFA ratings take account of the latest available data at the time of discussions to agree TFA ratings. Because of the delay in data publication, April data is reflected in June TFA ratings, May data in July and June data in August. There are some instances with quarterly data sources (such as finance) where previous quarter data is used in the first two months of any subsequent quarter until latest data is available. The NHS Performance Framework results are used alongside other measures to make a judgement on the TFA rating. It is therefore possible for an organisation to be 'performing' under the performance framework and still red rated for their TFA if issues are apparent with their TFA progress. It is not however possible for an organisation to be rated anything other than red on their TFA if any aspect of the performance framework is judged to be underperforming.

**Figure 4 – Breakdown of TFA ratings for June to August (including all acute, ambulance, mental health and community trusts)***

| | June ratings (using April NHS PF results) | July ratings (using May NHS PF results) | August ratings (using June NHS PF results) |
|---|---|---|---|
| Green: | 30 | 25 | 28 |
| Amber-Green: | 17 | 15 | 11 |
| Amber-Red: | 29 | 33 | 35 |
| Red: | 27 | 29 | 28 |
| Total: | 103 | 102 | 102 |

*There were 103 non-FTs in the data relating to June and 102 in July onwards (Scarborough was acquired by York FT).

# Annex 5

## NHS Performance Framework and TFA results April to June 2012

| Trust name | April NHS Performance Framework | | June TFA rating | May NHS Performance Framework | | July TFA rating | June NHS Performance Framework | | August TFA rating |
|---|---|---|---|---|---|---|---|---|---|
| | Overall finance score | Overall quality of services score | | Overall finance score | Overall quality of services score | | Overall finance score | Overall quality of services score | |
| Barking, Havering and Redbridge University Hospitals NHS Trust | Underperforming | Underperforming | R | Underperforming | Performance under review | R | Underperforming | Performance under review | R |
| Barnet and Chase Farm Hospitals NHS Trust | Performing | Performing | R | Performing | Performing | R | Underperforming | Performing | R |
| Barts Health NHS Trust | | Performing | R | | Performing | AR | Underperforming | Performing | R |
| Bedford Hospital NHS Trust | Performing | Performing | AG | Performing | Performing | AG | Performing | Performing | AG |
| Birmingham Community Healthcare NHS Trust | | | G | | | G | | | G |
| Bridgewater Community Healthcare Trust | | | AG | | | AR | | | AR |
| Brighton and Sussex University Hospitals NHS Trust | Performing | Performance under review | AR | Performing | Performing | AR | Performing | Performance under review | AR |
| Buckinghamshire Healthcare NHS Trust | Performing | Performing | R | Performing | Performing | R | Performing | Performing | AG |
| Cambridge Community Services NHS Trust | | | AG | | | AR | | | AR |
| Central London Community Healthcare NHS Trust | | | AR | | | AR | | | AR |
| Croydon Health Services NHS Trust | Performing | Performance under review | R | Performing | Performance under review | R | Performing | Underperforming | R |
| Dartford and Gravesham NHS Trust | Performing | Performance under review | AR | Performing | Performance under review | AR | Performing | Performance under review | AR |
| Derbyshire Community Health Services NHS Trust | | | G | | | G | | | G |
| Ealing Hospital NHS Trust | Performing | Performance under review | R | Performing | Performance under review | R | Performing | Performance under review | R |
| East and North Hertfordshire NHS Trust | Performing | Performance under review | AR | Performing | Performing | G | Performing | Performing | G |
| East Cheshire NHS Trust | Performing | Performing | AR | Performing | Performing | AR | Performing | Performance under review | AR |
| East Lancashire Hospitals NHS Trust | Performing | Performing | AG | Performing | Performing | AG | Performing | Performing | G |
| East Midlands Ambulance Service NHS Trust | Performing | Performing | AR | Performing | Underperforming | R | Performing | Performing | AR |
| East of England Ambulance Service NHS Trust | Performing | Performing | G | Performing | Underperforming | R | Performing | Underperforming | R |
| East Sussex Hospitals NHS Trust | Performing | Performance under review | AR | Performing | Performing | AR | Performing | Performing | AR |
| Epsom and St Helier University Hospitals NHS Trust | Underperforming | Performing | R | Underperforming | Performance under review | R | Underperforming | Performance under review | R |
| George Eliot Hospital NHS Trust | Performing | Performing | AR | Performing | Performance under review | AR | Performing | Performing | AR |
| Great Western Ambulance Service NHS Trust | Performing | Performing | G | Performing | Performing | G | Performing | Performing | G |

| Trust name | April NHS Performance Framework | | June TFA rating | May NHS Performance Framework | | July TFA rating | June NHS Performance Framework | | August TFA rating |
|---|---|---|---|---|---|---|---|---|---|
| | Overall finance score | Overall quality of services score | | Overall finance score | Overall quality of services score | | Overall finance score | Overall quality of services score | |
| Hertfordshire Community NHS Trust | | | AR | | | AR | | | R |
| Hinchingbrooke Healthcare NHS Trust | Underperforming | Performing | AG | Underperforming | Performing | AR | Underperforming | Performing | R |
| Hounslow and Richmond Community Healthcare NHS Trust | | | AG | | | AR | | | AR |
| Hull and East Yorkshire Hospitals NHS Trust | Performing | Performing | AG | Performing | Performing | AG | Performing | Performing | AG |
| Imperial College Healthcare NHS Trust | Underperforming | Underperforming | R | Underperforming | Underperforming | R | Performing | Performance under review | R |
| Ipswich Hospital NHS Trust | Performing | Performing | R | Performing | Performing | R | Performing | Performing | AR |
| Isle of Wight NHS Primary Care Trust | Performing | Performing | G | Performing | Performing | G | Performing | Performing | G |
| Kent Community Health NHS Trust | | | G | | | AG | | | AG |
| Kingston Hospital NHS Trust | Performing | Performing | G | Performing | Performing | G | Performing | Performing | G |
| Leeds Community Healthcare NHS Trust | | | AG | | | AR | | | AR |
| Leeds Teaching Hospitals NHS Trust | Performing | Performing | R | Performing | Performing | R | Performing | Performing | R |
| Lewisham Healthcare NHS Trust | Performing | Performing | G | Performing | Performing | G | Performing | Performing | G |
| Lincolnshire Community Health Services NHS Trust | | | AG | | | AG | | | AR |
| Liverpool Community Health NHS Trust | | | G | | | AR | | | AR |
| London Ambulance Service NHS Trust | Performing | Underperforming | R | Performing | Underperforming | R | Performing | Performing | R |
| Maidstone and Tunbridge Wells NHS Trust | Performing | Performing | AR | Performing | Performing | AR | Performing | Performing | AR |
| Mid Essex Hospital Services NHS Trust | Underperforming | Performance under review | R | Underperforming | Performance under review | R | Performing | Performing | R |
| Mid Yorkshire Hospitals NHS Trust | Underperforming | Performing | R | Underperforming | Performing | R | Underperforming | Performance under review | R |
| Norfolk Community Health and Care NHS Trust | | | AR | | | R | | | G |
| North Bristol NHS Trust | Performing | Performance under review | AR | Performing | Performance under review | AR | Performing | Performing | AR |
| North Cumbria University Hospitals NHS Trust | Performing | Performance under review | AR | Performing | Performance under review | R | Performing | Performance under review | R |
| North Middlesex University Hospital NHS Trust | Performing | Performance under review | R | Performing | Performance under review | AR | Performing | Performance under review | AR |
| North West Ambulance Service NHS Trust | Performing | Performing | G | Performing | Performing | G | Performing | Performing | G |
| North West London Hospitals NHS Trust | Underperforming | Performance under review | R | Underperforming | Performance under review | R | Underperforming | Performance under review | R |
| Northampton General Hospital NHS Trust | Performing | Performing | AR | Performing | Performing | R | Performing | Performing | R |
| Northern Devon Healthcare NHS Trust | Performing | Performing | R | Performing | Performing | R | Performing | Performing | R |

| Trust name | April NHS Performance Framework | | June TFA rating | May NHS Performance Framework | | July TFA rating | June NHS Performance Framework | | August TFA rating |
|---|---|---|---|---|---|---|---|---|---|
| | Overall finance score | Overall quality of services score | | Overall finance score | Overall quality of services score | | Overall finance score | Overall quality of services score | |
| Nottingham University Hospitals NHS Trust | Performing | Performing | AR | Performing | Performance under review | R | Performing | Underperforming | R |
| Oxford Learning Disability NHS Trust | | | G | | | AG | | | AG |
| Oxford University Hospitals NHS Trust | Performing | Performance under review | AR | Performing | Performance under review | AR | Performing | Performance under review | AR |
| Pennine Acute Hospitals NHS Trust | Performing | Performance under review | AR | Performing | Performing | AR | Performing | Performing | AR |
| Plymouth Hospitals NHS Trust | Performing | Performing | AG | Performing | Performing | AR | Performing | Performing | AR |
| Portsmouth Hospitals NHS Trust | Performing | Performing | AR | Performing | Performing | AR | Performing | Performing | AR |
| Princess Alexandra Hospital NHS Trust | Performing | Performance under review | AR | Performing | Performance under review | AR | Performing | Performance under review | AR |
| Royal Cornwall Hospitals NHS Trust | Performing | Performing | G | Performing | Performing | G | Performing | Performing | G |
| Royal Liverpool Broadgreen Hospitals NHS Trust | Performing | Performing | AG | Performing | Performing | G | Performing | Performing | G |
| Royal United Hospital Bath NHS Trust | Performing | Performing | G | Performing | Performing | G | Performing | Performing | G |
| Royal Wolverhampton Hospital NHS Trust | Performing | Performing | G | Performing | Performing | G | Performing | Performing | G |
| Sandwell and West Birmingham Hospitals NHS Trust | Performing | Performing | AR | Performing | Performing | AR | Performing | Performing | AR |
| Scarborough and North East Yorkshire NHS Trust | | | G | | | n/a | | | n/a |
| Shrewsbury and Telford Hospitals NHS Trust | Performing | Performing | AR | Performing | Performing | AR | Performing | Performing | AR |
| Shropshire, Telford and Wrekin Community Services | | | G | | | G | | | G |
| Solent NHS Trust | | | G | | | AR | | | R |
| South London Healthcare NHS Trust | Underperforming | Performing | R | Underperforming | Performing | R | Underperforming | Performing | R |
| Southport and Ormskirk Hospital NHS Trust | Performing | Performance under review | AR | Performing | Performance under review | AR | Performing | Performance under review | AR |
| St George's Healthcare NHS Trust | Performing | Performing | AR | Performing | Performing | AG | Performing | Performing | AG |
| St Helens and Knowsley Hospitals NHS Trust | Performing | Performing | R | Performing | Performing | R | Performing | Performing | R |
| Staffordshire and Stoke on Trent Community Services | | | G | | | G | | | G |
| Surrey and Sussex Healthcare NHS Trust | Performance under review | Performance under review | R | Performance under review | Performance under review | R | Performing | Performance under review | R |
| Sussex Community NHS Trust | | | AR | | | AR | | | AR |
| The Royal National Orthopaedic Hospital NHS Trust | Performing | Performing | AR | Performing | Performing | AG | Performing | Performing | AG |
| The Whittington Hospital NHS Trust | Performing | Performing | AR | Performing | Performing | AR | Performing | Performing | AR |
| Torbay and South Devon Health and Care Trust | | | G | | | G | | | AG |
| United Lincolnshire Hospitals NHS Trust | Performing | Performing | AR | Performing | Performing | AG | Performance under review | Performing | AR |

| Trust name | April NHS Performance Framework | | June TFA rating | May NHS Performance Framework | | July TFA rating | June NHS Performance Framework | | August TFA rating |
|---|---|---|---|---|---|---|---|---|---|
| | Overall finance score | Overall quality of services score | | Overall finance score | Overall quality of services score | | Overall finance score | Overall quality of services score | |
| University Hospital of North Staffordshire Hospital NHS Trust | Performing | Performing | AG | Performing | Performing | AR | Performing | Performing | AR |
| University Hospitals Coventry and Warwickshire NHS Trust | Performing | Performing | R | Performing | Performing | AR | Performing | Performing | AR |
| University Hospitals of Leicester NHS Trust | Performing | Performing | R | Performing | Performing | AR | Performing | Performance under review | AR |
| Walsall Hospitals NHS Trust | Performing | Performing | AG | Performing | Performing | AG | Performing | Performing | AG |
| West Hertfordshire Hospitals NHS Trust | Performing | Performing | G | Performing | Performing | G | Performing | Performing | G |
| West Middlesex University NHS Trust | Underperforming | Performance under review | R | Underperforming | Performance under review | R | Underperforming | Performance under review | R |
| West Midlands Ambulance Service NHS Trust | Performing | Performing | G | Performing | Performing | G | Performing | Performing | G |
| Western Sussex Hospitals NHS Trust | Performing | Performing | G | Performing | Performing | G | Performing | Performing | G |
| Weston Area Health NHS Trust | Performing | Performing | G | Performing | Performing | AG | Performing | Performing | AG |
| Wirral Community Health Services | | | G | | | AR | | | AR |
| Worcestershire Acute Hospitals NHS Trust | Performing | Performing | R | Performing | Performing | R | Performing | Performing | AR |
| Worcestershire Health and Care NHS Trust | | | G | | | G | | | G |
| Wye Valley NHS Trust (Hereford Hospital) | Performing | Performing | AR | Performing | Performing | AR | Performance under review | Performing | AR |
| Yorkshire Ambulance Service NHS Trust | Performing | Performing | R | Performing | Performing | R | Performing | Performing | R |

Please note: April and May Performance Framework results use Q4 2011/12 FIMS data, whereas Q1 2012/13 data is used for June results.

# Annex 6

## Q4 NHS Performance Framework and TFA results – mental health trusts

| Trust name | NHS Performance Framework – Q4 2011/12 | | TFA results | | |
|---|---|---|---|---|---|
| | Overall finance score | Overall quality of services score | June | July | August |
| Avon and Wiltshire Mental Health Partnership NHS Trust | Performing | Performing | R | R | R |
| Barnet, Enfield and Haringey Mental Health NHS Trust | Performing | Performing | G | G | G |
| Bradford District Care Trust | Performing | Performing | AR | R | R |
| Coventry and Warwickshire Partnership NHS Trust | Performing | Performing | G | G | G |
| Devon Partnership NHS Trust | Performing | Performing | G | G | G |
| Dudley and Walsall Mental Health Partnership NHS Trust | Performing | Performing | G | G | G |
| Kent and Medway NHS and Social Care Partnership Trust | Performing | Performing | AG | AG | AR |
| Leicestershire Partnership NHS Trust | Performing | Performing | G | G | G |
| Manchester Mental Health and Social Care Trust | Performing | Performing | AG | AG | G |
| Mersey Care NHS Trust | Performing | Performing | AG | AG | G |
| North Staffordshire Combined Healthcare NHS Trust | Performing | Performing | R | R | R |
| South West London and St George's Mental Health NHS Trust | Performing | Performing | R | G | G |
| West London Mental Health NHS Trust | Performing | Performing | AG | AG | AG |